



OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

DISADVANTAGED BUSINESS ENTERPRISE (DBE) COMPLIANCE AND PAYMENT REPORT

OCSD-DBE-2

CONTRACTOR/GRANT AWARDEE
(or "REPORTING COMPANY"):

ADDRESS: _____

TOWN/COUNTY/ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____

EMAIL: _____

ESD/OCSD REPRESENTATIVE: _____

PROJECT NAME: _____

CONTRACT/PROJECT #: _____

PROJECT START DATE: _____

PERCENT COMPLETE: _____

ACTUAL COMPLETION DATE: _____

Attach DBE executed contracts, final lien waivers, cancelled checks, etc., or other documentation describing the "Good Faith Efforts" taken to achieve DBE participation. This report should be completed and signed by an officer of the Reporting Company.

PRIME CONTRACTOR (Name, Address, Contact Person, Title and Phone # <u>with area code</u>)	PRIME CONTRACT AMOUNT	DBE SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	DESCRIPTION OF SERVICES	DBE CONTRACT AMOUNT	DBE PAYMENTS PREVIOUSLY REPORTED	DBE PAYMENTS ON CURRENT REPORT	TOTA DBE PAYMENTS TO DATE
	\$			\$	\$	\$	\$
	\$			\$	\$	\$	\$
	\$			\$	\$	\$	\$
	\$			\$	\$	\$	\$

CERTIFICATION: I, _____ (Print Name), the _____ (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: _____

DATE: _____



**Empire State
Development**

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SUBMIT REPORT TO:

Completed forms should be emailed directly to OCSD at ocsd@esd.ny.gov. All email submissions must include the name and contact information of the individual or firm submitting the information.

QUESTIONS?

Please contact OCSD at ocsd@esd.ny.gov.