



OCSD-S1

OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

QUARTERLY SERVICE-DISABLED VETERAN-OWNED BUSINESS (SDVOB)

CONTRACTOR COMPLIANCE REPORT

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 SDVOB executed contracts, final lien waivers, cancelled checks, etc., or other documentation describing the "Good Faith Efforts" taken to achieve SDVOB 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	SDVOB SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	DESCRIPTION OF SERVICES	SDVOB CONTRACT AMOUNT	SDVOB PAYMENTS PREVIOUSLY REPORTED	SDVOB PAYMENTS ON CURRENT REPORT	TOTAL SDVOB 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 must be emailed directly to OCSD at ocsd@esd.ny.gov. All email submissions must include the name and contact information of the individual and firm submitting the information.

QUESTIONS?

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