Instructions for Completing the Monthly SDVOB Compliance Report – SDVOB 101

The SDVOB Monthly Reporting Form is to be completed by the Contractor/Vendor, and submitted by the 10th day of each month for the duration of the Contract. This form should include all (e.g. SDVOB and non SDVOB) Subcontractors and/or Suppliers assigned by the Contractor/Vendor to perform work during the contract. This reporting should also include payments made by your Subcontractors and/or Suppliers to SDVOB firms.

Complete the form as specified below.

Contract No. Indicate the OPWDD Contract No.

Contractor/Vendor Name and Address Provide your firm’s name and address.

Federal ID No. Enter your firm’s Federal ID No.

Goals Indicate SDVOB participation goals.

Reporting Period Fill in the month and year of reporting period. One copy must be submitted with final payment application.

Contract Name Fill in the name of the contract

Firm Name and Address Provide the name, address and phone number of all Subcontractors/Suppliers assigned by the Contractor/Vendor on this contract or purchase agreement(s).

Federal ID No. Enter the Subcontractor’s/Supplier’s Federal ID No. If no Federal ID No. has been assigned, provide only the owner’s last four (4) digits of his or her Social Security No.

Payment This Month Indicate the amount paid this month to each SDVOB Subcontractor/Supplier. If there was no income activity for the Subcontractor/Supplier, please check the box indicating “No Payment This Month.”

Contract Amount Enter the total contract amount or purchase agreement(s) amount for each contract or total monthly sales, which ever applies

Description of Work/Supplies Briefly describe the work performed or supplies provided by each Subcontractor/Supplier.

Submit to:

NYS Office for People with Developmental Disabilities
State Operations Office/Bldg 1/MWBE Unit
500 Balltown Road
Schenectady, NY 12304
Or by email: MWBE@opwdd.ny.gov