

**New York State Governor's Office of Employee Relations/Labor Management Committees
Contractor's MWBE Quarterly Payment Report (Form ADM-146)**

Contract No.: _____

(Due on the 10th day following the end of each quarter; see instructions on back of form.)

Contractor/Vendor Name, Address and Phone No.:	Contractor/NYS Vendor ID No.:	MWBE Contract Goals		Quarterly Reporting Period	
	Description of Project:	MBE %	WBE%	Month/Day/Year	Month/Day/Year

Subcontractor Name, Address and Phone Number	Description of Services or Supplies Provided	Designation		Payment This Quarter
NYS Vendor ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	
NYS Vendor ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	
NYS Vendor ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	
NYS Vendor ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	

_____	_____	_____	For GOER Use Only
Signature	Print Name and Title	Date	
<p>Firms that do not perform commercially useful functions may not be counted toward MWBE utilization. Submission of this form constitutes the contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit true, accurate and complete information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the contract.</p>			Reviewed By: _____ Date: _____

Instructions for Completing the Contractor's MWBE Quarterly Payment Report (Form ADM_146)

The Contractor's MWBE Quarterly Payment Report documents the progress made towards achieving the MWBE goals of the Contract. This report is to be completed by the Prime Contractor/Vendor and submitted by the 10th day following the end of each quarter, for the duration of the contract, see Quarterly Reporting Period below. This form should reflect payments made to NYS Certified MBE and WBE Subcontractors and/or Suppliers assigned by the Prime Contractor/Vendor for the contract. Only certified MWBEs performing a commercially useful function (CUF) may be counted towards MWBE utilization as identified in this plan. A CUF is performed when the MWBE is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing and supervising the work involved. This reporting should also include payments made by the Subcontractors and/or Suppliers to MWBE firms. Complete the form as specified below.

Contract No.	Enter the Contract Number e.g., OER01-C12123-1120000
Contractor/Vendor Name and Address	Enter the Prime Contractor's legal name, followed by d/b/a, if any, address and phone number
Contractor /NYS Vendor ID No.	Enter the Prime Contractor's NYS Vendor ID Number
Goals	Enter the MBE and WBE participation goals specified in the contract
Quarterly Reporting Period	Enter the beginning month/day/year and the end month/day/year of the quarter being reported. The report is to be submitted quarterly over the fiscal year for the duration of the contract, one copy must be submitted with final invoice. The four reporting quarters are April 1 – June 30 (1st quarter due July 10); July 1 – September 31 (2nd quarter due October 10); October 1 – December 31 (3rd quarter due January 10); January 1 – March 31 (4th quarter due April 10)
Description of Project	Briefly describe the work the Prime Contractor is providing under the terms of this contract
Subcontractor Name and Address	Enter the name, address and phone number of the MBE and/or WBE Subcontractors/Suppliers assigned by the Prime Contractor on this contract or purchase order agreement(s).The Prime Contractor shall attempt to utilize, in good faith, any certified MBE or WBE identified within its M/WBE Utilization Plan
NYS Vendor ID No.	Enter the Subcontractor's/Supplier's NYS Vendor ID Number. If no NYS Vendor ID Number has been assigned, provide the vendor's Federal Employer Identification Number, or only the owner's last four (4) digits of his or her Social Security Number, show as: xxx-xx-_____
Payment This Quarter	Enter the amount paid by the Prime and/or by the Subcontractor to each Subcontractor/Supplier for the quarter. Note: only include those services/commodities that were paid during the quarter
Description of Work/Supplies	Briefly describe the work performed or supplies provided by each Subcontractor/Supplier. Note: MWBE businesses that do not perform commercially useful functions may not be counted towards MWBE utilization
Signature	Signature of the Prime Contractor; print name, title and date
Submit to	GOER Program Unit as specified in the contract