

**New York State Governor's Office of Employee Relations/Labor Management  
Committees CONTRACTOR'S MONTHLY SDVOB COMPLIANCE REPORT (FORM ADM-329)**

Contract No.: \_\_\_\_\_

(DUE ON THE 10<sup>TH</sup> DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY; SEE ISTRUCTIONS ON BACK OF FORM).

Contractor Name, Address and Phone No.:		Contractor NYS Vendor ID No.:		SDVOB Goals		Reporting Period			
		Description of Project:		%		Month			
						Year			
Firm Name, Address and Phone Number (List All Firms)		Description of Work or Supplies Provided		Designation		Payment This Month		Contract Amount	
NYS Vendor ID No.:				<input type="checkbox"/> SDVOB <input type="checkbox"/> Supplier <input type="checkbox"/> Sub <input type="checkbox"/> Team <input type="checkbox"/> Broker <input type="checkbox"/> Other <input type="checkbox"/> Joint Venture <input type="checkbox"/> No Written Contract <input type="checkbox"/> Written Contract		<input type="checkbox"/> No Payment This Month			
NYS Vendor ID No.:				<input type="checkbox"/> SDVOB <input type="checkbox"/> Supplier <input type="checkbox"/> Sub <input type="checkbox"/> Team <input type="checkbox"/> Broker <input type="checkbox"/> Other <input type="checkbox"/> Joint Venture <input type="checkbox"/> No Written Contract <input type="checkbox"/> Written Contract		<input type="checkbox"/> No Payment This Month			
NYS Vendor ID No.:				<input type="checkbox"/> SDVOB <input type="checkbox"/> Supplier <input type="checkbox"/> Sub <input type="checkbox"/> Team <input type="checkbox"/> Broker <input type="checkbox"/> Other <input type="checkbox"/> Joint Venture <input type="checkbox"/> No Written Contract <input type="checkbox"/> Written Contract		<input type="checkbox"/> No Payment This Month			
NYS Vendor ID No.:				<input type="checkbox"/> SDVOB <input type="checkbox"/> Supplier <input type="checkbox"/> Sub <input type="checkbox"/> Team <input type="checkbox"/> Broker <input type="checkbox"/> Other <input type="checkbox"/> Joint Venture <input type="checkbox"/> No Written Contract <input type="checkbox"/> Written Contract		<input type="checkbox"/> No Payment This Month			

  

_____ Signature	_____ Print Name and Title	_____ Date
<b>Submission of this form constitutes the Contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the Contract.</b>		
		<b>For GOER Use Only</b>
		Reviewed By: _____ Date: _____

## Instructions for Completing the Monthly SDVOB Compliance Report – ADM-329

The SDVOB Monthly Reporting Form is to be completed by the Contractor, and submitted by the 10<sup>th</sup> 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 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 GOER 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.
Description of Project	Briefly describe the work you are providing under the terms of this contract.
Firm Name and Address	Provide the name, address and phone number of <b>all</b> 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 <i>this month</i> to each Subcontractor/Supplier. If there was no income activity for a 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 Subcontractor/Supplier.
Description of Work/Supplies	Briefly describe the work performed or supplies provided by each Subcontractor/Supplier.