



CONTRACTOR'S MONTHLY SDVOB COMPLIANCE REPORT (DUE ON THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE SDVOB GOALS ON THE CONTRACT)

Contract No.: _____

Contractor/Vendor Name, Address and Phone No.:	Contractor/Vendor Federal 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
Federal ID No.:		<input type="checkbox"/> SDVOB <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month	
Federal ID No.:		<input type="checkbox"/> SDVOB <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month	

Federal ID No.:		<input type="checkbox"/> SDVOB	<input type="checkbox"/> Supplier	<input type="checkbox"/> No Payment This Month
		<input type="checkbox"/> Sub	<input type="checkbox"/> Team	
Federal ID No.:		<input type="checkbox"/> Broker	<input type="checkbox"/> Other	<input type="checkbox"/> No Payment This Month
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> No Written Contract	
Federal ID No.:		<input type="checkbox"/> SDVOB	<input type="checkbox"/> Supplier	<input type="checkbox"/> No Payment This Month
		<input type="checkbox"/> Sub	<input type="checkbox"/> Team	
Federal ID No.:		<input type="checkbox"/> Broker	<input type="checkbox"/> Other	<input type="checkbox"/> No Payment This Month
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> No Written Contract	
Federal ID No.:		<input type="checkbox"/> Written Contract		<input type="checkbox"/> No Payment This Month

_____ Signature _____ Print Name and Title _____ Date

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.

For CNYRTA Use Only	
Reviewed By:	Date:



THE CENTRAL NEW YORK REGIONAL TRANSPORTATION
AUTHORITY
200 CORTLAND AVENUE
SYRACUSE, NY 13205

Instructions for Completing the SDVOB FORM 101 INSTRUCTIONS 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 CNYRTA 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 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 <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.

Submit to:
Caitlin MacCollum
Senior Buyer
CNYRTA
315.442.3369 Fax
cmaccollum@centro.org