

**CONTRACTOR'S QUARTERLY SDVOB COMPLIANCE REPORT**  
**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:		%		Quarter	Year
Firm Name, Address and Phone Number (List All Firms)		Description of Work or Supplies Provided		Designation		Payment This Quarter	Contract Amount
Federal 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 Quarter	
Federal 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 Quarter	
Federal 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 Quarter	
Federal 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 Quarter	
_____		_____		_____		_____	
Signature		Print Name and Title		Date		<b>For DEC Use Only</b>	
<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>						Reviewed By:	Date: