

NEW YORK STATE POLICE

M/WBE QUARTERLY COMPLIANCE AND SUBCONTRACTOR PAYMENT REPORT

INSTRUCTIONS: After a contract is awarded, quarterly compliance reports are due no later than the 15th day after the end of each quarter.

Contractor's Name: _____
 Address: _____
 City, State, Zip Code: _____

Federal Identification No: _____
 Contract No.: _____
 Telephone No: _____

Reporting Period:
 Jan 1, 20__ - Mar 31, 20__
 Apr 1, 20__ - Jun 30, 20__
 Jul 1, 20__ - Sept 30, 20__
 Oct 1, 20__ - Dec 31, 20__

AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), THE FOLLOWING INFORMATION INDICATES THE PAYMENTS MADE TO NYS CERTIFIED M/WBEs BY THE CONTRACTOR ON THIS PROJECT.

M/WBE Vendor/Subcontractor Name	Work Status This Report	Total Subcontractor Contract Amount		Payments This Quarter		Previous Payments		Total Payments Made to Date	
		MBE	WBE	MBE	WBE	MBE	WBE	MBE	WBE
Name: FED ID#:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
Name: FED ID#:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
Name: FED ID#:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
Name: FED ID#:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								

NAME AND TITLE OF PREPARER (Print or Type): SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.	TELEPHONE NO.: _____	E-MAIL ADDRESS: _____
FOR AGENCY USE ONLY		
APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Submit to: New York State Police Contract Unit The Harriman State Campus 1220 Washington Ave. Building 22 Albany, NY 12226		
REVIEWED BY: _____ DATE: _____		