



**OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY**

MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

**OCSD-6**

CONTRACTOR/GRANTEE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TOWN/COUNTY/ZIP: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

ESD OCSD REPRESENTATIVE: \_\_\_\_\_  
 CONTRACT/PROJECT NAME: \_\_\_\_\_  
 CONTRACT/PROJECT #: \_\_\_\_\_  
 PROJECT START DATE: \_\_\_\_\_  
 PERCENT COMPLETE: \_\_\_\_\_  
 ACTUAL COMPLETION DATE: \_\_\_\_\_

REPORTING PERIOD:  Monthly for the Month of: (Month) (Year)  
 Quarterly (Check Applicable):  Quarter 1 (4/1-6/30) |  Quarter 2 (7/1-9/30) |  Quarter 3 (10/1-12/31) |  Quarter 4 (1/1-3/31)

Attach MWBE and SDVOB executed contracts, wire transfer confirmations and cancelled checks as proof of payment to the identified MWBEs and SDVOBs. This report should be completed and signed by an officer of the Reporting Company. Attach additional sheets if necessary.

PRIME CONTRACTOR, if different from above (Name, Address, Contact Person, Title and Phone # with area code)	PRIME CONTRACT AMOUNT	MWBE or SDVOB SUBCONTRACTOR (Name, Address, Contact Person, Title and Phone # with area code)	NYS CERTIFICATION (Check One)	DESCRIPTION OF SERVICES	CONTRACT AMOUNT	PAYMENTS PREVIOUSLY REPORTED	PAYMENTS ON CURRENT REPORT	TOTAL PAYMENTS TO DATE
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$
	\$		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB		\$	\$	\$	\$

CERTIFICATION: I, \_\_\_\_\_ (Print Name), the \_\_\_\_\_ (Title) of the Reporting Company above, do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief, the information contained herein is complete and accurate.

SIGNATURE: \_\_\_\_\_ 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.



**OCSD-6**

**SUBMIT REPORT TO:** Office of Contractor and Supplier Diversity  
 Empire State Development  
 633 Third Avenue, 35<sup>th</sup> Floor  
 New York, NY 10017

Completed forms may be emailed directly to OCSD at [ocsd@esd.ny.gov](mailto:ocsd@esd.ny.gov). All email submissions must include ESD's project/contract number(s), and the name and contact information of the individual or firm submitting the information.

**QUESTIONS?** Please contact the OCSD's Compliance Managers or email the office at [ocsd@esd.ny.gov](mailto:ocsd@esd.ny.gov).

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(518) 474-2569	(212) 803-3244	(716) 846-8238	(212) 803-3659	(212) 803-3226
<a href="mailto:Danielle.Adams@esd.ny.gov">Danielle.Adams@esd.ny.gov</a>	<a href="mailto:Danah.Alexander@esd.ny.gov">Danah.Alexander@esd.ny.gov</a>	<a href="mailto:Kelly.forsey@esd.ny.gov">Kelly.forsey@esd.ny.gov</a>	<a href="mailto:Jordan.kaplan@esd.ny.gov">Jordan.kaplan@esd.ny.gov</a>	<a href="mailto:Denise.Ross@esd.ny.gov">Denise.Ross@esd.ny.gov</a>
<b>R E G I O N S :</b>				
Capital District Mohawk Valley SUNY Poly Portfolio Department of Economic Development ESD Procurement Contracts ESD Subsidiaries – CCDC, QWDC, LMDC, ESMMC	North Country NYC- Brooklyn, Bronx, Queens Long Island ESD Subsidiaries – HCDC, MSDC	Finger Lakes Western New York ESD Subsidiaries – ECHDC, USA Niagara	Central NY Southern Tier ESD Subsidiary – AYCDC	Mid-Hudson NYC- Manhattan Staten Island