

## OCSD-6 MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

### OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

CONTRACTOR/GRANTEE:		ESD OCSD REPRESENTATIVE:	
ADDRESS:		CONTRACT/PROJECT NAME:	
TOWN/COUNTY/ZIP:		CONTRACT/PROJECT #:	
CONTACT PERSON:		PROJECT START DATE:	
TELEPHONE:		PERCENT COMPLETE:	
EMAIL:		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.

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### OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

**SUBMIT REPORT TO:**

Office of Contractor and Supplier Diversity  
 Empire State Development  
 655 Third Avenue, 6<sup>th</sup> Floor  
 New York, NY 10017

Completed forms may be mailed direction 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).

<b>Central New York NYC (Manhattan)</b>	<b>Mohawk Valley NYC (Staten Island)</b>	<b>NYC (Bronx, Brooklyn, and Queens)</b>	<b>North Country Finger Lakes</b>
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<b>Western New York Southern Tier</b>	<b>Mid-Hudson Department of Economic Development</b>	<b>Capital Region Long Island</b>	<b>ESD Procurement Contracts; ESD Subsidiaries - (CCDC, QWDC, LMDC, ESNMC, HCDC, MSDC, ECHDC, and USAN)</b>
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