NEW YORK STATE OF OPPORTUNITY. | Empire State Development

OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

OCSD-6

MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

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:**

☐ **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, final lien waivers 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
	$		☐ MBE ☐ WBE ☐ SDVOB		$	$	$	$
	$		☐ MBE ☐ WBE ☐ SDVOB		$	$	$	$
	$		☐ MBE ☐ WBE ☐ 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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OCSD-6

OFFICE OF CONTRACTOR AND SUPPLIER DIVERSITY

MWBE AND SDVOB COMPLIANCE AND PAYMENT REPORT

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

Completed forms may be emailed directly to OCSD at ocsd@esd.ny.gov. All email submissions must include the name and contact information of the individual or firm submitting the information.

QUESTIONS? Please contact the OCSD's Project Managers or email the office at ocsd@esd.ny.gov.

Danah Alexander (212) 803-3244 Danah.Alexander@esd.ny.gov	**Geraldine Ford** (716) 846-8205 Geraldine.Ford@esd.ny.gov	**Denise Ross** (212) 803-3226 Denise.Ross@esd.ny.gov	**Edwina Telemaque** (212) 803-3109 Edwina.Telemaque@esd.ny.gov	**Jazmin Thomas** (212) 803-3571 Jazmin.Thomas@esd.ny.gov
REGIONS:				
North Country Mohawk Valley Brooklyn, Bronx Queens and Long Island ESD Subsidiaries – AYCDC, HCDC, MSDC	Finger Lakes Western New York ESD Subsidiaries – ECHDC, USA Niagara	Capital District Mid-Hudson Manhattan Staten Island	DED Procurement Contracts Central NY Southern Tier	ESD Procurement Contracts ESD Subsidiaries – CCDC, QWDC