



Dormitory Authority State of New York
515 Broadway
Albany, New York 12207-2964

COMPLIANCE REPORT

Page of

Payment Requisition Date: / /

Payment Requisition Amount: \$

PRIME CONTRACTOR / CONSULTANT / VENDOR INFORMATION

NAME:	PROJECT#	CONTRACT#	WORK AUTH# (if applicable):
ADDRESS: CITY, STATE ZIP:	FEDERAL ID#	INSTITUTION:	
CONTACT PERSON: (person completing form)	TELEPHONE# - - EMAIL:	WORK DESCRIPTION:	

<input type="checkbox"/> Please check here if you were granted a Total Waiver of the M/WBE Goals by receipt of letter dated: <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> Please check here if you are a Professional Service Consultant & the original contract or Term Work Authorization amount is under \$50,000
<input type="checkbox"/> Please check here if you are a Construction Contractor and the original contract amount is under \$100,000.	<input type="checkbox"/> Please check here if you are a Commodity Vendor & the original purchase order/contract amount is under \$25,000.

SUBCONTRACTOR/SUBCONSULTANT and SUPPLIER PAYMENT INFORMATION

*** ALL M/WBE Firms must be listed.**
*** Non-M/WBE Firms with a "Total Value of Subcontract/PO" over \$10,000 must be listed.**

<input type="checkbox"/> Please check here if <u>no</u> subcontractors or suppliers are being utilized on this contract COMPANY INFORMATION	FEDERAL TAX ID NUMBER	CLASSIFICATION (select from both categories)		AMOUNT TO BE PAID OUT OF THE PROCEEDS OF THIS REQUISITION	TOTAL AMOUNT OF ALL PAYMENTS MADE PRIOR TO THIS REQUISITION	TOTAL VALUE OF SUBCONTRACT/PO'S ISSUED
Name: Address: Work Description:		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Non-M/WBE	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant <input type="checkbox"/> Supplier	\$	\$	\$
Name: Address: Work Description:		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Non-M/WBE	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant <input type="checkbox"/> Supplier	\$	\$	\$
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Name: Address: Work Description:		<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Non-M/WBE	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant <input type="checkbox"/> Supplier	\$	\$	\$

****False statements, information or data submitted on or with application for payment, may result in one or more of the following actions: Termination of Contract for cause; disapproval of future bids, contracts, or subcontracts; Withholding of final payments on the contract; and Civil and/or criminal prosecution.**

Principal's Signature:	Print Name and Title:	Date: <u> </u> / <u> </u> / <u> </u>
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COMPLIANCE REPORT

Continuation Sheet

PRIME CONTRACTOR / CONSULTANT / VENDOR INFORMATION

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Compliance Report Instructions

This report is required with the submittal of each payment requisition. Payment will not be processed without a completed report with an original signature.

PRIME CONTRACTOR/CONSULTANT /VENDOR INFORMATION	Please provide all of the Prime and Project information as requested.
SUBCONTRACTOR/SUBCONSULTANT and SUPPLIER PAYMENT INFORMATION	<p>If you are not reporting any sub/supplier payments, please check the appropriate box.</p> <p>All of the M/WBE sub/supplier information requested must be provided.</p> <p><u>ALL</u> M/WBE Firms must be listed.</p> <p>Non-M/WBE Firms with a “Total Value of Subcontract/PO” over \$10,000 must be listed.</p> <p>ABOVE FIRMS MUST BE REPORTED EVEN IF THEY ARE NOT RECEIVING A PAYMENT THIS MONTH.</p> <p><i>** Only firms that have NYS Certification by the Empire State Development Corporation can be counted towards the M/WBE goal achievement for this contract.</i></p>

*****Please follow the instructions below carefully.***

AMOUNT TO BE PAID OUT OF THE PROCEEDS OF THIS REQUISITION	<p>Indicate the amount <u>TO BE PAID</u> to each sub/supplier from the money you will receive from this requisition. If no payment will be made, enter \$0</p> <p><i>*This is not the amount that you “intend” to pay over the life of the contract.</i></p>
TOTAL AMOUNT OF ALL PAYMENTS MADE PRIOR TO THIS REQUISITION	<p>Indicate the amount that has <u>ACTUALLY</u> been paid to date.</p> <p>Note: DO NOT include the amount to be paid out of the proceeds of this requisition.</p> <p><i>*M/WBE amounts will be verified by DASNY’s Office of Opportunity Programs through the receipt of copies of canceled checks. You may attach (please staple!) check copies to the report for expediency.</i></p>
TOTAL VALUE OF ALL SUBCONTRACT/PO’s ISSUED	<p>Indicate the total value to date of ALL subcontract agreements issued by your company to the subcontractors/suppliers for this contract. This should be inclusive of any change orders issued to the original contract.</p> <p style="text-align: center;"><i>-or-</i></p> <p>Indicate the total amount of ALL purchase orders issued by your company to the subcontractors/suppliers for this contract.</p>

Questions regarding the completion of the form may be directed to DASNY’s Office of Opportunity Programs at : (518) 257-3465 or you may e-mail your questions to croops@dasny.org