



**AFFIRMATION OF INCOME PAYMENTS TO MBE/WBE and/or SDVOB**

Each MWBE and/or SDVOB Firm must sign and submit this form to the Contractor. The Contractor/Vendor must submit this form to the Office of Economic Opportunity and Partnership Development by the 5<sup>th</sup> of each Quarter. Further, utilization of certified minority- and women-owned business enterprises and/or service-disabled veteran owned businesses for non-commercially useful functions may not be counted towards utilization of certified minority and women-owned business enterprises and/or service-disabled veteran owned businesses.

<b>Contractor Information:</b>			
1. Name and Address of Contractor:		2. Project Name or ID/SHARS#:	
		3. Reporting Period (indicate quarter and year)	
		Quarter	Year
Federal ID#:			
<b>Subcontractor Information:</b>			
1. Name and Address of Contractor:		2. Date Contract Started:	
		3. NYS Certified MWBE (check one, if applicable):	
		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE
		4. Is business a NYS Certified SDVOB?	
Federal ID#:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Type of Service Provider (Check one box only)			
<input type="checkbox"/> Construction <input type="checkbox"/> Construction Consultant <input type="checkbox"/> Services <input type="checkbox"/> Commodities			
6. Date(s) Work Performed for which MWBE and/or SDVOB was Paid This Quarter:			
7. Summary of Payments			
a. Total contract amount		\$	
b. Payment received for this reporting period		\$	
c. Total payments received as of this reporting period		\$	

\_\_\_\_\_  
Subcontractor Signature

\_\_\_\_\_  
Subcontractor Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Contractor Printed Name

\_\_\_\_\_  
Date