



Service-Disabled Veteran-Owned Business Enterprises Set-Aside Report

Agency Name

Agency Address

Contractor Name

Contractor Address

SDVOB Control #

Contract #

Reporting Period (6 months)

Beginning Date:

End Date:

Description of Contract Deliverable(s)

Contract Value

Payments made during 6 month reporting period

Actual:

or Estimated:

Status

If No, then enter completion date OR check if no set-asides during this reporting period:

Active:

Yes

No

