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| **HBITS contractor’s Quarterly SDVOB Compliance report**  (Must be submitted electronically to the OGS HBITS Contractors Mailbox in Word or PDF Format by the 10th day of the second month following the calendar quarters ending March 31, June 30, September 30, December 31 – regardless of whether the due date falls on a weekend or Holiday, as evidence towards achievement of the 6% SDVOB goals on the contract) | | | | | | | | | **Contract #:** | | |  | |
| **Contractor Name, Address and Phone #:** | | | **Contractor Federal ID #:** | | |  | **SDVOB Goals** | | | | **Quarter Ending** | | |
|  | | |  | | | | **6%** | | | |  | | |
| **Firm Name, Address and Phone #:**  **(List all NYS Certified SDVOB Subcontractors included on your most recent Utilization Plan SDVOB-100)** | | | **Description of Work:** | | | | **Payment This Quarter:** | | | |  | | |
|  | | | Hourly-Based Information Technology Services (HBITS) | | | |  | | | |  | | |
| **Federal ID #:** | |  |  | | | | No Payment This Quarter | | | |  | | |
|  | | | Hourly-Based Information Technology Services (HBITS) | | | |  | | | |  | | |
| **Federal ID #:** | |  |  | | | | No Payment This Quarter | | | |  | | |
|  | | | Hourly-Based Information Technology Services (HBITS) | | | |  | | | |  | | |
| **Federal ID #:** | |  |  | | | | No Payment This Quarter | | | |  | | |
|  | | | Hourly-Based Information Technology Services (HBITS) | | | |  | | | |  | | |
| **Federal ID #:** | |  |  | | | | No Payment This Quarter | | | |  | | |
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|  | Signature | | |  | Print Name and Title | | |  | | Date | | |  |
| **Submission of this form constitutes the Contractor’s acknowledgement as to the accuracy of the information contained herein.** | | | | | | | | | | | | | |