NEW YORK STATE | Office of General Services
Office of Business Diversity

Design and Construction
Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: (518) 486-9284 FAX: (518) 486-9285

CONTRACTOR'S MONTHLY AFFIRMATION OF INCOME PAYMENTS ON JOINT VENTURE OR TEAM

Project No. _____

Each MBE and WBE participating in the Contract as a Joint Venture Partner or Team Member must sign and submit this form to the Contractor. The Contractor/Vendor must submit this form to this office by the 10th of each month.

Contractor	Contract/Proposal No.:	Reporting Period	
Name and Address of Contractor:		Month	Year
	Description of Work of Contractor:		
Federal ID No.:			
Subcontractor or Supplier	Date Firm Started Contract:		
Name, Address and Phone Number of Joint Venture Partner or Team Member:	Classification: (*Check all that apply.*) ☐ MBE ☐ WBE ☐ Supplier ☐ Subcontractor ☐ Tiered Sub ☐ Broker ☐ Joint Venture Partner ☐ Team Member		
Federal ID No.:			

Provide detailed description of all Work performed by the Joint Venture Partner or Team Member (*If yes, list name and address of firm.)*

Summary of Payments: No Income Activity This Month ☐

a. Total Value of Joint Venture or Teaming Agreement _____

b. MBE/WBE Payments received for this reporting period _____

c. Total MBE/WBE Payments received as of this reporting period _____

Signature of MBE/WBE Company Official	Print Name	Date
Signature of Contractor/Vendor	Print Name	Date

This form is required pursuant to contract specifications. Failure to submit will result in noncompliance with contract specifications.

For OGS Use Only	
Reviewed by:	Date: