

MWBE SUBCONTRACTOR UTILIZATION QUARTERLY REPORT

This report is to be submitted to DCJS quarterly during the life of this contract to report the actual payments made to all certified minority or women-owned subcontractors utilized for this project. Complete and mail to NYS Division of Criminal Justice Services, 80 S Swan Street, 10th Floor Office of Budget & Finance, Albany, NY 12210 or email completed form as an attachment to MWBE@dcjs.ny.gov.

| | |
|-----------------------------|---------------------------|
| Contractor _____ | Contract No. _____ |
| Federal ID# _____ | Project Name _____ |
| Contact Name _____ | Contract Start Date _____ |
| Contact Email Address _____ | Contract End Date _____ |
| Contact Phone# _____ | Contract Amount _____ |

Place an X in the box for the quarter you are reporting on.

- 1st Quarter (Apr 1-June 30)
- 2nd Quarter (July 1 – Sept 30)
- 3rd Quarter (Sept 1 – Dec 31)
- 4th Quarter (Jan 1 – Mar31)

| Subcontractor Name | Federal ID Number | Total Subcontractor Contract Amount | | Payments this Quarter | | Previous Payments | | Total Payments Made to Date | |
|--------------------|-------------------|-------------------------------------|-----|-----------------------|-----|-------------------|-----|-----------------------------|-----|
| | | MBE | WBE | MBE | WBE | MBE | WBE | MBE | WBE |
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| TOTALS | | | | | | | | | |

 Signature

 (Printed Name)

 Date