

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
TOTALS									

Signature

Date

(Printed Name)