

## Exhibit 3 Contractor Quarterly Compliance Report

**Beginning FIVE (5) DAYS following the end of the first calendar quarter after a contract is awarded; quarterly compliance reports will be due for the preceding quarter's activity.**

**Instructions:** List all M/WBEs used during the quarter, providing all requested information in appropriate columns. In the event that an M/WBE is used more than one time during the quarter, list the M/WBE only once for each expenditure category. Use the Expenditure Code below to indicate the category of expenditures for which the M/WBE was used.

|  |  |   |   |                                      |   |               |
|--|--|---|---|--------------------------------------|---|---------------|
| <b>Expenditure Code:</b>   |  | <b>C – Commodities</b>  | <b>SC – Services</b>  | <b>CC – Construction Consultants</b> | <b>CN – Construction</b>                            |               |
| <b>Grants Expenditure Code:</b>  |  | <b>GM – Materials/Equipment</b>   |   | <b>GC – Construction</b>             | <b>GS – Services/Consultants</b>                    |               |
| <b>Contract Number:</b>  |  | <b>Reporting Period:</b>  |   |                                      | <b>M/WBE Goal:</b>                                  |               |
|  |  | <input type="checkbox"/> Q1: April 1 – June 30 <input type="checkbox"/> Q3: Oct. 1 – Dec. 31  |   |                                      | % MBE    % WBE                                      |               |
| <b>Contractor:</b>   |  | <input type="checkbox"/> Q2: July 1 – Sept. 30 <input type="checkbox"/> Q4: Jan. 1 – March 30 |   |                                      |   |               |
| <b>A</b>   |  | <b>B</b>  |   |                                      | <b>C</b>  |               |
| Amount of Actual Expenditures in Reporting Period  |  | MBE Subcontracting Expenditures in Reporting Period   |   |                                      | WBE Subcontracting Expenditures in Reporting Period |               |
| \$<br>(if none enter 0)  |  | \$<br>(if none enter 0)   |   |                                      | \$<br>(if none enter 0)                             |               |
| <b>M/WBE FEIN/SFS VENDOR ID</b>  | <b>M/WBE Vendor Name</b>   | <b>Certification</b>  | <b>Work Status This Report</b>  | <b>Expenditure Code</b>              | <b>Product Code</b>                                 | <b>Amount</b> |
| FEIN:<br>SFS ID:   |  | <input type="checkbox"/> MBE<br><input type="checkbox"/> WBE<br><input type="checkbox"/> Dual | <input type="checkbox"/> Active<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Complete |                                      |   | \$            |
| FEIN:<br>SFS ID:   |  | <input type="checkbox"/> MBE<br><input type="checkbox"/> WBE<br><input type="checkbox"/> Dual | <input type="checkbox"/> Active<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Complete |                                      |   | \$            |
| FEIN:<br>SFS ID:   |  | <input type="checkbox"/> MBE<br><input type="checkbox"/> WBE<br><input type="checkbox"/> Dual | <input type="checkbox"/> Active<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Complete |                                      |   | \$            |
| FEIN:<br>SFS ID:   |  | <input type="checkbox"/> MBE<br><input type="checkbox"/> WBE<br><input type="checkbox"/> Dual | <input type="checkbox"/> Active<br><input type="checkbox"/> Inactive<br><input type="checkbox"/> Complete |                                      |   | \$            |
| <b>Total:</b>  |  |   |   |                                      |   | \$            |
| <b>Name and Title of Preparer (Print or Type):</b>   |  |   | <b>Telephone No:</b>  | <b>E-mail Address:</b>               |   |               |
| <b>Signature:</b>  |  |   | <b>Date:</b>  | <b>FOR AGENCY USE ONLY</b>           |   |               |
|  |  |   |   | <b>Reviewed By:</b>                  | <b>Date:</b>  |               |
| Quarterly Reports should be submitted to: <a href="mailto:mwbe@omh.ny.gov">mwbe@omh.ny.gov</a> |  |   |   |                                      |   |               |
| <b>Column A:</b>   | <b>Total Amount of Actual Expenditures in Report Period:</b> Enter the amount (\$) expended in total for the Reporting Period.   |   |   |                                      |   |               |
| <b>Column B:</b>   | <b>MBE Subcontracting Expenditures:</b> Enter the total amount (\$) of expenditures with certified Minority owned businesses made during the report period under the contract. |   |   |                                      |   |               |
| <b>Column C:</b>   | <b>WBE Subcontracting Expenditures:</b> Enter the total amount (\$) of expenditures with certified Women owned businesses made during the report period under the contract.    |   |   |                                      |   |               |

**Expenditure:** An actual payment which is made by an agency, either through the Office of the State Comptroller or by the agency's finance office directly, including subcontractor/supplier payments made by a prime contractor and verified by the agency.

**Grants:** For the purposes of this report, grants are monies dispensed by a contracting governmental agency to a person or institution to accomplish a public purpose authorized by law. According to Article 15-A, grants are considered State contracts. For the purpose of compliance reporting, the recipient of the grant is considered to be the "contractor". These contracts are subject to M/WBE goals and reported in the same fashion as any other contractor.

**Not-for-Profit:** According to Article 15-A, Not-for-Profits entities are considered to be "contractors". These contracts are subject to M/WBE goals and reported in the same fashion as any other contractor.

Exhibit 3  
Contractor Quarterly Compliance Report

Use the following codes in the Product Code column to indicate the category of work for which the M/WBE was utilized

**PRODUCT CODE KEY:**

|     |  |
|-----|--|
| A   | <b>Agriculture/Landscaping ( e.g., all forms of landscaping services)</b>  |
| B   | Mining (e.g., Geological investigations)   |
| C   | Construction   |
| C15 | Building Construction – General Contractors  |
| C16 | Heavy Construction (e.g., highway, pipe laying)  |
| C17 | Special Trade Contractors (plumbing, heating, electrical, carpentry)   |
| D   | Manufacturing (production of goods)  |
| E   | Transportation, Communication, Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems)                        |
| F/G | Wholesale/Retail Goods (e.g. gravel, hospital supplies, food stores, computer stores, office supplies)   |
| G52 | Construction Materials (e.g., lumber, paint, lawn supplies)  |
| H   | Financial, Insurance and Real Estate Services  |
| I   | Services   |
| I73 | Business Services (e.g., copying, advertising, secretarial, janitorial, rental services or equipment, computer programming, security services) |
| I80 | Health Services  |
| I81 | Legal Services   |
| I82 | Educational Services (e.g., AIDS education, automobile safety, tutoring, public speaking)  |
| I83 | Social Services (e.g., counselors, vocational training, child care)  |
| I87 | Engineering, architectural, accounting, research, management and related services  |