New York State Homes & Community Renewal
Office of Economic Opportunity and Partnership Development
hcr.ny.gov/deco
Econ.Opportunity@hcr.ny.gov

AFFIRMATION OF INCOME PAYMENTS TO MBE/WBE and/or SDVOB

Each MWBE and/or SDVOB Firm must sign and submit this form to the Contractor. The Contractor/Vendor must submit this form to the Office of Economic Opportunity and Partnership Development by the 5th of each Quarter. Further, utilization of certified minority- and women-owned business enterprises and/or service-disable veteran owned businesses for non-commercially useful functions may not be counted towards utilization of certified minority and women-owned business enterprises and/or service-disable veteran owned businesses.

Contractor Information:			
1. Name and Address of Contractor:		*2. Project Name or ID/SHARS#:*	
		3. Reporting Period (indicate quarter and year)	
		Quarter	*Year*
Federal ID#:			
Subcontractor Information:			
1. Name and Address of Contractor:		*2. Date Contract Started:*	
		3. NYS Certified MWBE (check one, if applicable):	
		☐ MBE	☐ WBE
		4. Is business a NYS Certified SDVOB?	
Federal ID#:		☐ Yes	☐ No
5. Type of Service Provider (Check one box only)			
☐ Construction ☐ Construction Consultant ☐ Services ☐ Commodities			
6. Date(s) Work Performed for which MWBE and/or SDVOB was Paid This Quarter:			
7. Summary of Payments			
a. Total contract amount		$	
b. Payment received for this reporting period		$	
c. Total payments received as of this reporting period		$	

Subcontractor Signature	Subcontractor Printed Name	Date
Contractor Signature	Contractor Printed Name	Date

Failure to submit this form will result in non-compliance.