

## ATTACHMENT 8



**Department of  
Civil Service**

**Quarterly MWBE Contractor Compliance Report**  
**MWBE-103**  
**RFP entitled: "New York State Health Insurance Program  
 Decision Support System"**

<b>INSTRUCTIONS: BEGINNING AFTER A CONTRACT IS AWARDED, QUARTERLY COMPLIANCE REPORTS ARE DUE QUARTERLY NO LATER THAN THE 15TH DAY AFTER THE END OF THE QUARTER (ASSUMING THAT SERVICES HAVE BEEN PROVIDED).</b>		
Contractor's Name: [REDACTED]	Federal Identification No.: [REDACTED]	
Address: [REDACTED]	Contract / PO No.: [REDACTED]	
City, State, Zip Code: [REDACTED]	Date & Quarter: [REDACTED]	
Telephone No.: [REDACTED]		
AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), CONTRACTOR IS REQUIRED TO COMPLETE AND SUBMIT THE FOLLOWING FOR EACH MBE OR WBE. (PLEASE USE A SEPARATE FORM FOR EACH MBE OR WBE.)		
1. Copy(ies) of the written agreement with certified M/WBEs, or provide an attestation that the written agreement includes the provisions of Article 15-A, of the New York State Executive Law §310-318, as required by the primary Contractor's Agreement with the Department (submit with first quarterly report, and upon any update to any subcontractor agreements).		
2. List below the name, address and telephone number(s) of the certified M/WBE(s) utilized during the preceding quarter:		
Name: [REDACTED] Address: [REDACTED] City, State, Zip: [REDACTED]	Telephone Number: [REDACTED] Location of Work Performed: [REDACTED]	
3. Description of the work performed by the certified M/WBE (attach separate sheet if needed): [REDACTED]		
4. Scheduled dates for performance of the work by the certified M/WBE: [REDACTED]		
5. Actual total cost of the contract work performed by the certified M/WBE: [REDACTED]		
6. Actual total amount(s) of any payments made over the life of the contract by the Contractor to the certified M/WBE as of the date the compliance report is being submitted: [REDACTED]		
PREPARED BY (Signature): [REDACTED]		DATE: [REDACTED]
<b>SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE STATE CONTRACT.</b>		
NAME AND TITLE OF PREPARER (Print or Type): [REDACTED]	TELEPHONE NO.: [REDACTED]	EMAIL ADDRESS: [REDACTED]
Quarterly reports should be submitted to the following address: New York State Department of Civil Service MWBE Unit, 17 <sup>th</sup> Floor Albany, NY 12239 Fax (518) 473-3354		<b>FOR DEPARTMENT OF CIVIL SERVICE USE ONLY:</b>  REVIEWED BY: _____  Date: _____