

**HBITS CONTRACTOR'S QUARTERLY SDVOB COMPLIANCE REPORT (DUE ON THE 10<sup>TH</sup> DAY OF FEBRUARY, MAY, AUGUST, AND NOVEMBER FOR THE PRECEDING THREE MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE SDVOB GOALS ON THE CONTRACT)**

Contract No.: \_\_\_\_\_

Contractor/Vendor Name, Address and Phone No.:	Contractor/Vendor Federal ID No.:	SDVOB Goals  %	Reporting Period	
	Description of Project:		Months	Year
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Payment This Month	Contract Amount	
Federal ID No.:		<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> No Payment This Month		
<p>_____ Signature</p>		<p>_____ Print Name and Title</p>		<p>_____ Date</p>
<p>Submission of this form constitutes the Contractor's acknowledgement as to the accuracy of the information contained herein.</p>			<p style="text-align: center;"><b>For POA Use Only</b></p> <p>Reviewed By: _____ Date: _____</p>	