



## SDVOB COMPLIANCE MEMORANDUM

SDVOB UNIT: \_\_\_\_\_ Date: \_\_\_\_\_  
Initials Required for Pre-Solicitation Procurements Only  
Non P-Contracts Greater Than \$100,000

**TO:** Contract Management Unit  
**FROM:** Port of Oswego Authority  
**SUBJECT:** Service Disabled Veteran Owned Business (SDVOB) Compliance Efforts  
**DATE:** Contract No. \_\_\_\_\_

1. **TYPE OF CONTRACT:**  
*Describe the goods and/or services being procured.*
2. **CONTRACT AMOUNT:** \$ \_\_\_\_\_
3. **CONTRACT TERM:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
4. **PROCUREMENT METHOD:**  
*e.g., competitive bid, single source.*
5. **GENERAL DISCUSSION:**  
*Provide the background and purpose of the procurement, and any special circumstances and/or issues that arose during the procurement process.*
6. **SDVOB PROGRAM COMPLIANCE EFFORTS:**  
*Describe steps that were taken to increase SDVOB participation. Include a description of specific efforts made to insure that certified SDVOBs were afforded the opportunity to participate in the procurement.*
7. **M/WBE PROGRAM PARTICIPATION:**  
*List certified SDVB's that received bid solicitations and indicate those that actually responded.*
8. **BARRIERS TO PARTICIPATION:**  
*During the course of the procurement did you become aware of any factors that could be considered a barrier to SDVOB participation?*
9. **CONTRACT GOALS:**  
*Were SDVOB and or EEO Contract Goals required for this procurement? Describe the rationale for inclusion or exclusion.*

*Please provide responses in separate correspondence, directed to the Port of Oswego Authority SDVOB Compliance Unit.*