

New Mexico State Use Program 1st Quarter Report
Member Business (*for-profit*)

Reporting Period:
July 1 – September 30, 2020

Member Name: _____

Address: _____

Phone Number: _____

Primary Email Contact: _____

For State Use Contracts Only

Wages Paid to Individuals **with** Disabilities: \$ _____

Wages Paid to Individuals **without** Disabilities: \$ _____

Direct Labor Hours Worked by Individuals **with** Disabilities: _____

Direct Labor Hours Worked by Individuals **without** Disabilities: _____

Number of Individuals **with** Disabilities working on State Use Contracts between
July 1 – September 30, 2020: _____

Number of Individuals **without** Disabilities working on State Use Contracts
between July 1 – September 30, 2020: _____

Signature

Date

New Mexico State Use Program 2nd Quarter Report
Member Business (*for-profit*)

Reporting Period:
October 1 – December 31, 2020

Member Name: _____

Address: _____

Phone Number: _____

Primary Email Contact: _____

For State Use Contracts Only

Wages Paid to Individuals **with** Disabilities: \$ _____

Wages Paid to Individuals **without** Disabilities: \$ _____

Direct Labor Hours Worked by Individuals **with** Disabilities: _____

Direct Labor Hours Worked by Individuals **without** Disabilities: _____

*Number of Individuals **with** Disabilities added to State Use Contracts between
October 1 – December 31, 2020: _____ **ONLY COUNT NEW EMPLOYEES*

* Number of Individuals **without** Disabilities added to State Use Contracts
between October 1 – December 31, 2020: _____ **ONLY COUNT NEW EMPLOYEES*

Signature

Date

New Mexico State Use Program 3rd Quarter Report
Member Business (*for-profit*)

Reporting Period:
January 1 – March 31, 2021

Member Name: _____

Address: _____

Phone Number: _____

Primary Email Contact: _____

For State Use Contracts Only

Wages Paid to Individuals **with** Disabilities: \$ _____

Wages Paid to Individuals **without** Disabilities: \$ _____

Direct Labor Hours Worked by Individuals **with** Disabilities: _____

Direct Labor Hours Worked by Individuals **without** Disabilities: _____

*Number of Individuals **with** Disabilities added to State Use Contracts between
January 1 – March 31, 2021: _____ **ONLY COUNT NEW EMPLOYEES*

* Number of Individuals **without** Disabilities added to State Use Contracts
between January 1 – March 31, 2021: _____ **ONLY COUNT NEW EMPLOYEES*

Signature

Date

New Mexico State Use Program 4th Quarter Report
Member Business (*for-profit*)

Reporting Period:
April 1 – June 30, 2021

Member Name: _____

Address: _____

Phone Number: _____

Primary Email Contact: _____

For State Use Contracts Only

Wages Paid to Individuals **with** Disabilities: \$ _____

Wages Paid to Individuals **without** Disabilities: \$ _____

Direct Labor Hours Worked by Individuals **with** Disabilities: _____

Direct Labor Hours Worked by Individuals **without** Disabilities: _____

*Number of Individuals **with** Disabilities added to State Use Contracts between April 1 – June 30, 2021: _____ **ONLY COUNT NEW EMPLOYEES*

* Number of Individuals **without** Disabilities added to State Use Contracts between April 1 – June 30, 2021: _____ **ONLY COUNT NEW EMPLOYEES*

Signature

Date