

Is this a final Report? Check one.

Yes ☒

No ☐

## QUARTERLY MWBE COMPLIANCE REPORT

Contract No. DOSO763

Campus Funded ☐

Campus Let ☒

The following information indicates the payment amounts made to the contractor by the State University of New York (SUNY) at Utica/Rome and payments made to the NYS certified MWBEs by the contractor on this project. The payments shown are in compliance with the documents for the above referenced contract.

Start Date 05/07/11  
 Contractor Audio Visual Sales & Svc.  
 Contract Amount: \$764,149.00  
 MBE Goal/Amount 3 % = \$22,924.47  
 WBE Goal/Amount 3 % = \$22,924.47

Projected Completion Date 10/31/11  
 Contract #/Description DOSO763 SUNY IT  
 Paid to Contractor this Quarter \$0.00  
 Total Paid to Contractor to Date \$713,912.65

Actual Completion Date 04/04/12  
*Quarter being Reported (check one)*  
☐ 1<sup>st</sup> Quarter (April 1 – June 30)  
☐ 2<sup>nd</sup> Quarter (July 1 – September 30)  
☐ 3rd Quarter (October 1 – December 31)  
☒ 4th Quarter (January 1 – March 31)


M/WBE Subcontractor/Vendor	Product Code*	Work Status This Report	Total Subcontractor Contract Amount		Payments This Quarter		Previous Payments		Total Payments Made to Date	
			MBE	WBE	MBE	WBE	MBE	WBE	MBE	WBE
Name: <b>Infotainment Svcs., Inc.</b> FED ID #: <b>14-1834989</b>	<b>C17</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete		\$65,192.44		\$0.00		\$65,192.44		\$65,192.44
Name: <b>A.I.W., Inc.</b> FED ID #: <b>59-3685517</b>	<b>C17</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete	\$23,037.90		\$23,037.90	\$0.00	\$0.00	\$0.00	\$23,037.90	\$0.00
Name: FED ID #:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
Name: FED ID #:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
Name: FED ID #:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
Name: FED ID #:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								

Documentation of previous Quarter's payments to M/WBE Subcontractors/Vendors has been received by SUNY: YES ☒ NO ☐

\* See Reserve Side for Product Codes.

Donna M. Gutzwiller

Name & Title

  
 Signature

04/04/12

Date

## MONTHLY M/WBE CONTRACTOR COMPLIANCE REPORT

**INSTRUCTIONS: BEGINNING THIRTY (30) DAYS AFTER A CONTRACT IS AWARDED; MONTHLY COMPLIANCE REPORTS ARE DUE ON THE TENTH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY.**

Contractor's Name: **AUDIO VISUAL SALES & SERVICE, INC.**  
Address: **2601 Curry Road**  
City, State, Zip Code: **Schenectady, New York 12303-4523**  
Telephone No.: **(518) 688-0640**

Federal Identification No.: **14-1702040**  
Contract No.: **D050763**

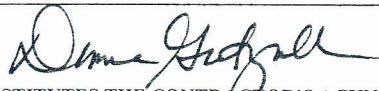
**AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), CONTRACTOR IS REQUIRED TO COMPLETE AND SUBMIT THE FOLLOWING FOR EACH MBE OR WBE (PLEASE USE A SEPARATE FORM FOR EACH MBE OR WBE.):**

1. Copy(ies) of the written agreement with certified M/WBEs (submit with first monthly report).
2. List below the name, address and telephone number(s) of the certified M/WBE(s) utilized during the preceding month.  

NAME **A.I.W., Inc.**  
ADDRESS **4446 Old Winter Garden Rd., Suite 101**  
CITY, STATE, ZIP **Orlando, FL 32811**

TELEPHONE NO. **407.521.4576**  
LOCATION OF WORK PERFORMED **Sunny IT**
3. Description of the work performed by the certified M/WBE during the reporting period (attach separate sheet if needed) **Provide A/V Equipment**
4. Scheduled dates for performance of the work by the certified M/WBE **October 2011**
5. Actual total cost of the contract work to be performed by the certified M/WBE \$ **23,037.<sup>90</sup>**
6. Actual total amount(s) of any payments made to date by the Contractor to the certified M/WBE as of the date the compliance report is being submitted **\$23,037.<sup>90</sup>**

PREPARED BY (Signature):



DATE: **4.4.12**

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 CONTRACT.

NAME AND TITLE OF PREPARER (Print or Type):

**Donna Gutzwiller, Office Manager**

TELEPHONE NO.:

**518.688.0640**

EMAIL ADDRESS:

**dgutzwiller@avssi.com**

FOR M/WBE USE ONLY

Monthly reports should be submitted by the 10<sup>th</sup> day of each month to:

REVIEWED BY:

DATE:



## MONTHLY M/WBE CONTRACTOR COMPLIANCE REPORT

INSTRUCTIONS: BEGINNING THIRTY (30) DAYS AFTER A CONTRACT IS AWARDED; MONTHLY COMPLIANCE REPORTS ARE DUE ON THE TENTH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY.

Contractor's Name: AUDIO VISUAL SALES & SERVICE, INC.  
Address: 2801 Curry Road  
City, State, Zip Code: Schenectady, New York 12303-4602  
Telephone No.: (518) 688-7840

Federal Identification No.: 14-1702040  
Contract No.: D050763

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 (submit with first monthly report).
2. List below the name, address and telephone number(s) of the certified M/WBE(s) utilized during the preceding month.

NAME Infotainment Services, Inc.

TELEPHONE NO. 518.745.4422

ADDRESS P.O. Box 4164

LOCATION OF WORK PERFORMED Suny IT

CITY, STATE, ZIP Queensbury, NY 12804

3. Description of the work performed by the certified M/WBE during the reporting period (attach separate sheet if needed) Provide Av Equipment & Installation
4. Scheduled dates for performance of the work by the certified M/WBE 9/27/11 - 9/28/11
5. Actual total cost of the contract work to be performed by the certified M/WBE \$ 65,192.44
6. Actual total amount(s) of any payments made to date by the Contractor to the certified M/WBE as of the date the compliance report is being submitted \$65,192.44

PREPARED BY (Signature):

DATE: 4-4-12

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 CONTRACT.

NAME AND TITLE OF PREPARER (Print or Type):

Donna M. Gutzwiller, office manager

TELEPHONE NO.:

518.688.0640

EMAIL ADDRESS:

dagutzwiller@avssi.com

FOR M/WBE USE ONLY

Monthly reports should be submitted by the 10<sup>th</sup> day of each month to:

REVIEWED BY:


DATE:

# QUARTERLY EEO WORK FORCE UTILIZATION REPORT

Contract No.: <b>D080763</b>	Reporting Entity: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Reporting Period: <input type="checkbox"/> April 1, 20__ - June 30, 20__ <input type="checkbox"/> July 1, 20__ - September 30, 20__ <input type="checkbox"/> October 1, 20__ - December 31, 20__ <input checked="" type="checkbox"/> January 1, 20 <b>12</b> - March 31, 20 <b>12</b>
Contractor's Name: <b>AUDIO VISUAL SALES &amp; SERVICE, INC.</b> 2601 Cady Road Schenectady, New York 12303-4520 (518) 688-0640		Contractor's Federal ID Number: <b>14-1702040</b>
Contractor's Address:		Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input checked="" type="checkbox"/> Contractor/Subcontractor's total work force

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification										Disabled		Veteran	
		Male (M)	Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		(M)	(F)	(M)	(F)
Officials/Administrators	2	2		2													
Professionals																	
Technicians	2	2		2													
Sales Workers	2	2		2													
Office/Clerical	2		2		2												
Craft Workers																	
Laborers	1	1		1													
Service Workers																	
Temporary /Apprentices																	
Totals	9	7	2	7	2												

PREPARED BY (Signature): 	TELEPHONE NO.: <b>518.688.0640</b>	DATE: <b>4-4-12</b>
NAME AND TITLE OF PREPARER (Print or Type): <b>Donna M. Gutzwiller, office manager</b>	EMAIL ADDRESS: <b>dgutzwiller@avssi.com</b>	
Submit completed form to:		