

Is this a final Report? Check one.  
 Yes  No

## QUARTERLY MWBE COMPLIANCE REPORT

Campus Funded   
 Campus Let

Contract No. L39108

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 09/19/12  
 Contractor Ruston Paving Co., Inc.  
 Contract Amount: \$196,070.00  
 MBE Goal/Amount 12 % = \$23,500.00  
 WBE Goal/Amount 8 % = \$15,600.00

Projected Completion Date 05/31/13  
 Contract #/Description L39108  
 Paid to Contractor this Quarter \$94,811.90  
 Total Paid to Contractor to Date \$94,811.90

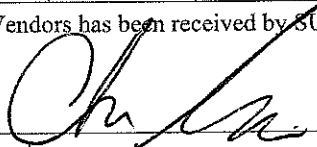
Actual Completion Date \_\_\_\_\_  
 Quarter being Reported (check one)  
 1<sup>st</sup> Quarter (April 1 – June 30)  
 2<sup>nd</sup> Quarter (July 1 – September 30)  
 3<sup>rd</sup> Quarter (October 1 – December 31)  
 4<sup>th</sup> Quarter (January 1 – March 31)

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:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
FED ID #:										
Name: <b>JHP Industrial Supply Co.</b>	<b>C16</b>	<input type="checkbox"/> Active <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Complete	\$25,000.00		\$38,985.00				\$38,985.00	19%
FED ID #: <b>16-1161590</b>										
Name: <b>Leitz Trucking</b>	<b>C16</b>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete		\$15,600.00	\$15,694.00				\$15,694.00	8.1%
FED ID #: <b>20-8996844</b>										
Name:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
FED ID #:										
Name:		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
FED ID #:										

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

\* See Reserve Side for Product Codes.

Chris Laurin, Project Manager  
 Name & Title

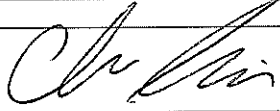
  
 Signature

12/03/12  
 Date

## MONTHLY EEO WORKFORM UTILIZATION REPORT

<b>Project Name:</b> SUNY IT 2011-2012 Roadway Improvements	<b>As of:</b> 11/30/12 <b>(date)</b>
<b>Contract Number:</b> 39160	

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled		Veteran			
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		(M)	(F)	(M)	(F)
Officials/Administrators	3	3		2								1					
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical	3		3		3												
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
<b>Totals</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>							<b>1</b>					

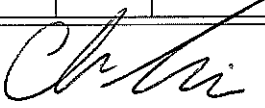
<b>PREPARED BY (Signature):</b> 	<b>TELEPHONE NO.:</b> 315-437-2533 <b>EMAIL ADDRESS:</b> chris.laurin@rustonpaving.com	<b>DATE:</b> 12/3/12
<b>NAME AND TITLE OF PREPARER (Print or Type):</b> Chris Laurin, Project Manager	<b>Monthly reports should be submitted by 10 days after the end of each month to:</b>	

## QUARTERLY EEO WORK FORCE UTILIZATION REPORT

<b>Contract No.:</b> L39108	<b>Reporting Entity:</b> <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	<b>Reporting Period:</b> <input type="checkbox"/> April 1, 20__ - June 30, 20__ <input type="checkbox"/> July 1, 20__ - September 30, 20__ <input checked="" type="checkbox"/> October 1, 2012 - December 31, 2012 <input type="checkbox"/> January 1, 20__ - March 31, 20__
<b>Contractor's Name:</b> Ruston Paving Co., Inc.		<b>Contractor's Federal ID Number:</b> 16-0925714
<b>Contractor's Address:</b> 6216 Thompson Rd, Syracuse, NY 13206		<b>Report includes:</b> <input checked="" type="checkbox"/> Work force to be utilized on this contract <input 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	3	3		2								1					
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical	3		3		3												
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
<b>Totals</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>							<b>1</b>					

<b>PREPARED BY (Signature):</b> 	<b>TELEPHONE NO.:</b> 315-437-2533  <b>EMAIL ADDRESS:</b> chris.laurin@rustonpaving.com	<b>DATE:</b> 12/3/12
<b>NAME AND TITLE OF PREPARER (Print or Type):</b> Chris Laurin, Project Manager	<b>Submit completed form to:</b>	

## 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: Ruston Paving Co., Inc.  
 Address: 6216 Thompson Rd  
 City, State, Zip Code: Syracuse, NY 13206  
 Telephone No.: 315-437-2533

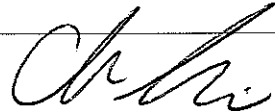
Federal Identification No.: 16-0925714  
 Contract No.: L39108

**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	JHP Industrial Supply Co., Inc.	TELEPHONE NO. 315-422-0050
ADDRESS	321 West Taylor Rd	LOCATION OF WORK PERFORMED SUNY IT Utica / Rome
CITY, STATE, ZIP	Syracuse, NY 13202	
3. Description of the work performed by the certified M/WBE during the reporting period (attach separate sheet if needed)
4. Scheduled dates for performance of the work by the certified M/WBE
5. Actual total cost of the contract work to be performed by the certified M/WBE \$25,000
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 \$38,900

PREPARED BY (Signature):



DATE: 12/3/12

**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): Chris Laurin, Project Manager

TELEPHONE NO.:  
315-437-2533

EMAIL ADDRESS:  
chris.laurin@rustonpaving.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.**

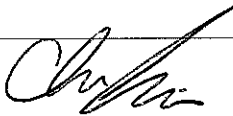
Contractor's Name: Ruston Paving Co., Inc.  
 Address: 6216 Thompson Rd  
 City, State, Zip Code: Syracuse, NY 13206  
 Telephone No.: 315-437-2533

Federal Identification No.: 16-0925714  
 Contract No.: L39108

**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	Leitz Trucking	TELEPHONE NO. 315-732-6449
ADDRESS	162 McIntyre Rd	LOCATION OF WORK PERFORMED SUNY IT Utica / Rome
CITY, STATE, ZIP	Frankfort, NY 13340	
3. Description of the work performed by the certified M/WBE during the reporting period (attach separate sheet if needed)
4. Scheduled dates for performance of the work by the certified M/WBE
5. Actual total cost of the contract work to be performed by the certified M/WBE \$15,600
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 \$15,600

<p><b>PREPARED BY (Signature):</b> </p>	<p><b>DATE:</b> 12/3/12</p>						
<p><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 CONTRACT.</b></p>							
<p><b>NAME AND TITLE OF PREPARER (Print or Type):</b> Chris Laurin, Project Manager</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><b>TELEPHONE NO.:</b></td> <td style="width: 70%;"><b>EMAIL ADDRESS:</b></td> </tr> <tr> <td>315-437-2533</td> <td>chris.laurin@rustonpaving.com</td> </tr> </table>	<b>TELEPHONE NO.:</b>	<b>EMAIL ADDRESS:</b>	315-437-2533	chris.laurin@rustonpaving.com		
<b>TELEPHONE NO.:</b>	<b>EMAIL ADDRESS:</b>						
315-437-2533	chris.laurin@rustonpaving.com						
<p>Monthly reports should be submitted by the 10<sup>th</sup> day of each month to:</p>	<table style="width: 100%; border: none;"> <tr> <th colspan="2" style="text-align: center; font-size: small;">FOR M/WBE USE ONLY</th> </tr> <tr> <td style="width: 80%;"><b>REVIEWED BY:</b></td> <td style="width: 20%;"><b>DATE:</b></td> </tr> <tr> <td style="height: 50px;"></td> <td></td> </tr> </table>	FOR M/WBE USE ONLY		<b>REVIEWED BY:</b>	<b>DATE:</b>		
FOR M/WBE USE ONLY							
<b>REVIEWED BY:</b>	<b>DATE:</b>						