

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction, GM - Grants Material/Equipment, GC - Grants in Construction, GS - Grants in Services/Consultants

Contract Number: <b>CO 20543</b> Contractor: <b>ACS STATE &amp; LOCAL SOLUTIONS</b>	REPORTING PERIOD From: <b>07/01/2010</b> To: <b>09/30/2010</b>	MWBE Goal: MBE <b>7</b> % WBE <b>7</b> % MWBE <b>---</b> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <b>2,890,671</b> <small>(If none, enter 0)</small>	\$ <b>158,080</b> <small>(If none, enter 0)</small>	\$ <b>558,754</b> <small>(If none, enter 0)</small>	\$ <b>0</b> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	<b>ENLIGHTENED, INC. 1100 15TH STREET SUITE 300 WASHINGTON, DC 20005</b>	<b>2 COMPUTER DRIVE SOUTH ALBANY, NY</b>	<b>MBE</b>	<b>SC</b>	<b>I</b>	<b>\$ 135,497</b>
	<b>PATRIE COMPUTER SYSTEMS ONE BROADWAY 15TH FLOOR CAMBRIDGE, MA 02142</b>	<b>2 COMPUTER DRIVE SOUTH ALBANY, NY</b>	<b>MBE</b>	<b>SC</b>	<b>I</b>	<b>\$ 22,583</b>
	<b>SUPERIOR STAFFING 250 INTERNATIONAL DR. WELLSVILLE, NY 14221</b>	<b>2 COMPUTER DRIVE SOUTH ALBANY, NY</b>	<b>WBE</b>	<b>SC</b>	<b>I</b>	<b>\$ 558,754</b>

NAME AND TITLE OF PREPARER (Print or Type): <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <b>PROJECT ACCOUNTANT</b>	TELEPHONE NO.: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>	EMAIL ADDRESS: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <b>@ACS-ENCL.COM</b>
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-8352.	FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____	

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**  
 List all M/WBEs used during the quarter, providing all requested information in appropriate columns. In the event that an M/WBE is used more than one time during a quarter, list the M/WBE only once for each expenditure category. Use the **Expenditure Code** defined at the top of the form to indicate the category of expenditures for which the M/WBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A **Total Amount of Actual Expenditures in Report Period:** Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B **MBE Subcontracting Expenditures:** Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C **WBE Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D **MWBE Dual Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS: BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.**

**Expenditure Code: C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction, GM - Grants Material/Equipment, GC - Grants in Construction, GS - Grants in Services/Consultants**

Contract Number: <u>020543</u>  Contractor: <u>ACS, A XEROX COMPANY</u>	REPORTING PERIOD: From: <u>10 / 01 / 2010</u> To: <u>12 / 31 / 2010</u>	MBE <u>7</u> % WBE <u>7</u> % MWBE <u>  </u> %	MWBE Goal:
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>2,781,913</u> <small>(If none, enter 0)</small>	\$ <u>123,836</u> <small>(If none, enter 0)</small>	\$ <u>421,761</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	<u>ENLIGHTENED, INC. 1100 15TH ST. SUITE 300 WASHINGTON, DC 20005</u>	<u>2 COMPUTER DRIVE SOUTH ALBANY, NY</u>	<u>MBE</u>	<u>SC</u>	<u>I</u>	<u>123,836</u>
	<u>SUPERIOR STAFFING 250 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221</u>	<u>2 COMPUTER DRIVE SOUTH ALBANY, NY</u>	<u>WBE</u>	<u>SC</u>	<u>I</u>	<u>421,761</u>

NAME AND TITLE OF PREPARER (Print or Type): <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <u>PROJECT ACCOUNTANT</u>	TELEPHONE NO.: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>	EMAIL ADDRESS: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <u>@ACS-INC.COM</u>
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (618) 486-6352.		FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**  
 List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the **Expenditure Code** defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

- TOTALS FOR REPORT PERIOD**
- Column A**     Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
  - Column B**     MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
  - Column C**     WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
  - Column D**     MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C – Commodities, SC – Services/Consultants, CC – Construction Consultants, CN – Construction, GM – Grants Material/Equipment, GC – Grants in Construction, GS – Grants in Services/Consultants

Contract Number: <u>C.0 20543</u>  Contractor: <u>ACS, A XEROX COMPANY</u>	<b>REPORTING PERIOD:</b> From: <u>01 / 01 / 2011</u> To: <u>03 / 31 / 2011</u>	<b>MWBE Goal</b> MBE <u>7</u> % WBE <u>7</u> % MWBE <u>    </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ 2,592,115 <sup>-</sup>	\$ 117,176 <sup>-</sup>	\$ 301,561 <sup>-</sup>	\$ 0 <sup>-</sup>
(If none, enter 0)	(If none, enter 0)	(If none, enter 0)	(If none, enter 0)

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
[REDACTED]	ENLIGHTENED, INC. 1100 15TH ST. SUITE 300 WASHINGTON, DC 20005	2 COMPUTER DRIVE SOUTH ALBANY, NY	MBE	SC	I	\$ 117,176 <sup>-</sup>
[REDACTED]	SUPERIOR STAFFING 250 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	2 COMPUTER DRIVE SOUTH ALBANY, NY	WBE	SC	I	\$ 301,561 <sup>-</sup>

NAME AND TITLE OF PREPARER (Print or Type): [REDACTED] <u>PROJECT ACCOUNTANT</u>	TELEPHONE NO.: [REDACTED]	EMAIL ADDRESS: [REDACTED] <u>@ACS-INC.COM</u>
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-6362.		
FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____		

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**INSTRUCTIONS:**

List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the **Expenditure Code** defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A**     Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B**     MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C**     WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D**     MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING-QUARTER'S ACTIVITY.

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Contract Number: <u>C020543</u>	REPORTING PERIOD:	MWBE Goal
	From: <u>04/01/11</u> To: <u>06/30/11</u>	MBE <u>7</u> % WBE <u>7</u> % M/WBE <u>   </u> %
Contractor: <u>ACS, A XEROX COMPANY</u>		

A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>2,482,094</u> <small>(If none, enter 0)</small>	\$ <u>121,544</u> <small>(If none, enter 0)</small>	\$ <u>240,125</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	ENLIGHTENED, INC. 1100 15TH ST. SUITE 300 WASHINGTON DC 20005	2 COMPUTER DR. SOUTH ALBANY NY	MBE	SC	I	\$ 121,544
	SUPERIOR STAFFING 250 ENTER NATIONAL DR. WELLSVILLE, NY 14221	2 COMPUTER DR. SOUTH ALBANY NY	WBE	SC	I	\$ 240,125

NAME AND TITLE OF PREPARER (Print or Type): <u>PROJECT ACCOUNTANT</u>	TELEPHONE NO.: [REDACTED]	EMAIL ADDRESS: <u>ACS-DTL.COM</u>
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- Column D** M/WBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

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Contract Number: <u>C020543</u>  Contractor: <u>ACS, A XEROX COMPANY</u>	REPORTING PERIOD: From: <u>07/01/11</u> To: <u>09/30/11</u>	MWBE Goal MBE <u>7</u> % WBE <u>7</u> % M/WBE <u>   </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>2,632,957</u> <small>(If none, enter 0)</small>	\$ <u>132,860</u> <small>(If none, enter 0)</small>	\$ <u>261,310</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
[REDACTED]	ENLIGHTENED, INC. 1100 15TH ST. SUITE 300 WASHINGTON, DC. 20005	2 COMPUTER DR. SOUTH ALBANY, NY	MBE	SC	I	\$ <u>132,860</u>
[REDACTED]	SUPERIOR STAFFING 250 INTERNATIONAL DR. WILLAMSVILLE, NY 14221	2 COMPUTER DR. SOUTH ALBANY, NY	WBE	SC	I	\$ <u>261,310</u>

NAME AND TITLE OF PREPARER (Print or Type): [REDACTED] <u>PROJECT ACCOUNTANT</u>	TELEPHONE NO.: [REDACTED]	EMAIL ADDRESS: [REDACTED] <u>@ACS-TAX.COM</u>
FOR AGENCY USE ONLY		
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-6362.	REVIEWED BY:	DATE:

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- Column C**     WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
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## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C – Commodities, SC – Services/Consultants, CC – Construction Consultants, CN – Construction, GM – Grants Material/Equipment, GC – Grants In Construction, GS – Grants In Services/Consultants

Contract Number: <u>C020543</u>  Contractor: <u>ACS, A XEROX COMPANY</u>	REPORTING PERIOD: From: <u>10/01/2011</u> To: <u>12/31/2011</u>	MWBE Goal MBE <u>7</u> % WBE <u>7</u> % M/WBE <u>   </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>2,583,616</u> <small>(If none, enter 0)</small>	\$ <u>115,213</u> <small>(If none, enter 0)</small>	\$ <u>353,830</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	ENLIGHTENED, INC. 1100 15TH ST. SUITE 300 WASHINGTON, DC 20005	2 COMPUTER DR. SOUTH ALBANY NY	MBE	SC	I	\$ 115,213
	SUPERIOR STAFFING 250 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	2 COMPUTER DR. SOUTH ALBANY, NY	WBE	SC	I	\$ 353,830

NAME AND TITLE OF PREPARER (Print or Type): <span style="background-color: black; display: inline-block; width: 100px; height: 15px;"></span> <u>PROJECT ACCOUNTANT</u>	TELEPHONE NO.: <span style="background-color: black; display: inline-block; width: 100%; height: 15px;"></span>	EMAIL ADDRESS: <span style="background-color: black; display: inline-block; width: 100%; height: 15px;"></span> @ ACS-INC.COM
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-6352.		FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____

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**INSTRUCTIONS:**

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**TOTALS FOR REPORT PERIOD**

- Column A**      Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B**      MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C**      WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
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### CONTRACTOR QUARTERLY COMPLIANCE REPORT

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Contract Number: <b>C 020543</b>  Contractor: <b>ACS, A XEROX COMPANY</b>	<b>REPORTING PERIOD:</b> From: <b>01 / 01 / 2012</b> To: <b>03 / 31 / 2012</b>	<b>MWBE Goal</b> MBE <b>7</b> % WBE <b>7</b> % M/WBE <b>—</b> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <b>1,412,467</b> <small>(If none, enter 0)</small>	\$ <b>106,329</b> <small>(If none, enter 0)</small>	\$ <b>478,352</b> <small>(If none, enter 0)</small>	\$ <b>0</b> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	<b>ENLIGHTENED, INC. 1100 15TH ST. SUITE 300 WASHINGTON DC 20005</b>	<b>2 COMPUTER DR. SOUTH ALBANY NY</b>	<b>MBE</b>	<b>SC</b>	<b>I</b>	<b>\$ 106,329</b>
	<b>SUPERIOR STAFFING 250 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221</b>	<b>2 COMPUTER DR. SOUTH ALBANY, NY</b>	<b>WBE</b>	<b>SC</b>	<b>I</b>	<b>\$ 478,352</b>

NAME AND TITLE OF PREPARER (Print or Type): <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>PROJECT ACCT.</b>	TELEPHONE NO.: <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>	EMAIL ADDRESS: <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <b>ACS-INC.COM</b>
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-8352.		<b>FOR AGENCY USE ONLY</b> REVIEWED BY: _____ DATE: _____

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- Column A**     Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
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  - Column D**     MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

**CONTRACTOR QUARTERLY COMPLIANCE REPORT**

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction, GM - Grants Material/Equipment, GC - Grants in Construction, GS - Grants in Services/Consultants

Contract Number: <u>C020543</u> Contractor: <u>ACS, A XEROX COMPANY</u>	REPORTING PERIOD: From: <u>04/01/2012</u> To: <u>06/30/2012</u>	MWBE Goal MBE <u>7</u> % WBE <u>7</u> % MWBE <u>   </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,288,855</u> (If none, enter 0)	\$ <u>107,142</u> (If none, enter 0)	\$ <u>430,694</u> (If none, enter 0)	\$ <u>0</u> (If none, enter 0)

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	ENLIGHTENED, INC. 1100 15TH ST SUITE 300 WASHINGTON, DC 20005	2 COMPUTER DR. SOUTH ALBANY, NY	MBE	SC	I	\$107,142
	SUPERIOR STAFFING 250 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	↓	WBE	SC	I	\$410,669
	GUILDERLAND PRINTING 2210 WESTERN AVE. GUILDERLAND, NY 12084	↓	WBE	SC	I	\$20,025

NAME AND TITLE OF PREPARER (Print or Type): <u>PROJ. ACCOUNTANT</u>	TELEPHONE NO.:	EMAIL ADDRESS: <u>ACS-INC.COM</u>
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-6352.	FOR AGENCY USE ONLY REVIEWED BY:	DATE:

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**  
List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the Expenditure Code defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

- TOTALS FOR REPORT PERIOD**
- Column A** Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
  - Column B** MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
  - Column C** WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
  - Column D** MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

### CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C – Commodities, SC – Services/Consultants, CC – Construction Consultants, CN – Construction, GM – Grants Material/Equipment, GC – Grants in Construction, GS – Grants In Services/Consultants

Contract Number: <u>c020543</u>  Contractor: <u>ACS, A XEROX COMPANY</u>	REPORTING PERIOD: From: <u>07/01/2012</u> To: <u>09/30/2012</u>	MWBE Goal MBE <u>7</u> % WBE <u>7</u> % MWBE <u>   </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,421,335</u> <small>(if none, enter 0)</small>	\$ <u>104,220</u> <small>(if none, enter 0)</small>	\$ <u>516,634</u> <small>(if none, enter 0)</small>	\$ <u>0</u> <small>(if none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	ENLIGHTENED, INC. 1100 15TH ST. SUITE 300 WASHINGTON, DC 20005	2 COMPUTER DR. SOUTH ALBANY, NY	MBE	SC	I	\$ 104,220
	SUPERIOR STAFFING, INC. 250 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	↓	WBE	SC	I	\$ 516,634

NAME AND TITLE OF PREPARER (Print or Type): <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <u>PROJECT ACCT.</u>	TELEPHONE NO.: <div style="background-color: black; width: 100%; height: 15px; display: inline-block;"></div>	EMAIL ADDRESS: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <u>@XEROX.COM</u>
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-6352.		FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**  
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- TOTALS FOR REPORT PERIOD**
- Column A**    Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
  - Column B**    MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
  - Column C**    WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
  - Column D**    MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction, GM - Grants Material/Equipment, GC - Grants in Construction, GS - Grants in Services/Consultants

Contract Number: <u>C020543</u>  Contractor: <u>VEROX STATE+LOCAL SOLUTIONS</u>	REPORTING PERIOD: From: <u>10, 01, 12</u> To: <u>12, 31, 12</u>	MWBE Goal MBE <u>7</u> % WBE <u>7</u> % MWBE <u>   </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,316,526</u> <small>(If none, enter 0)</small>	\$ <u>111,088</u> <small>(If none, enter 0)</small>	\$ <u>389,369</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	ENLIGHTENED, INC. 1100 15TH ST, SUITE 300 WASHINGTON, DC 20005	2 COMPUTER DR. SOUTH ALBANY, NY	MBE	SC	I	111,088
	SUPERIOR STAFFING, INC. 250 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	↓	WBE	SC	I	388,377
	CAMELOT PRINT&COPY 100 FULLER RD. ALBANY, NY 12205	↓	WBE	SC	I	992

NAME AND TITLE OF PREPARER (Print or Type): <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> PROJECT ACCOUNT MANT	TELEPHONE NO.: <div style="background-color: black; width: 100%; height: 15px;"></div>	EMAIL ADDRESS: @VEROX.COM
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-8352.		FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**  
 List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the Expenditure Code defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PRECEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction, GM - Grants Material/Equipment, GC - Grants in Construction, GS - Grants in Services/Consultants

Contract Number: <u>C020543</u>  Contractor: <u>XEROX STATE &amp; LOCAL SOLUTIONS</u>	REPORTING PERIOD: From: <u>01/01/13</u> To: <u>03/31/13</u>	MWBE Goal MBE <u>7</u> % WBE <u>7</u> % MWBE <u>   </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,392,522</u> <small>(If none, enter 0)</small>	\$ <u>100,103</u> <small>(If none, enter 0)</small>	\$ <u>500,343</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

Payee ID	Payee Name, Address, City, Zip	Service Location	MBE or WBE or Dual MWBE	Expenditure Code	Product Code	Amount
	ENLIGHTENED, INC. 1100 15TH ST., SUITE 300 WASHINGTON, DC 20005	2 COMPUTER DR SOUTH ALBANY, NY	MBE	SC	I	\$100,103
	SUPERIOR STAFFING, INC. 250 INTERNATIONAL DR. WELLTAMBELE, NY 14221	↓	WBE	SC	I	\$478,701
	CAMELOT PRINT & COPY 100 FULLER RD. ALBANY, NY 12205	↓	WBE	SC	I	\$21,642

NAME AND TITLE OF PREPARER (Print or Type): <span style="background-color: black; display: inline-block; width: 100px; height: 15px;"></span> <u>PROJECT ACCOUNTANT</u>	TELEPHONE NO.: <span style="background-color: black; display: inline-block; width: 100px; height: 15px;"></span>	EMAIL ADDRESS: <span style="background-color: black; display: inline-block; width: 100px; height: 15px;"></span> <u>XEROX.COM</u>
QUARTERLY REPORTS SHOULD BE SUBMITTED TO: Please submit completed form to the Contract Manager or if you are not sure who it is, please contact the Bureau of Contract Management (BCM) at (518) 486-6352.		
REVIEWED BY:		DATE:

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**  
 List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the **Expenditure Code** defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A     **Total Amount of Actual Expenditures in Report Period:** Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B     **MBE Subcontracting Expenditures:** Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C     **WBE Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D     **MWBE Dual Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction

Contract Number: <u>C 0 2 0 5 4 3</u> Contractor: <u>XEROX STATE + LOCAL SOLUTIONS</u>	REPORTING PERIOD: From: <u>04, 01, 13</u> To: <u>06, 30, 13</u>	MWBE Goal MBE <u>7</u> % WBE <u>7</u> % MWBE _____ %
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A	B	C	D
Amount of Actual Expenditures In Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures In Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,072,319</u> <small>(If none, enter 0)</small>	\$ <u>119,103</u> <small>(If none, enter 0)</small>	\$ <u>238,896</u> <small>(If none, enter 0)</small>	\$ _____ <small>(If none, enter 0)</small>

**\*CERTIFIED MWBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK\***

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid
	ENLIGHTENED, INC. 1100 15TH ST, SUITE 300 WASH. DC 20005	BLACK / MALE	2 COMPUTER DR ALBANY NY 12205	MBE	SC	I	119,103	VARIOUS DATES
	SUPERIOR STAFFING 250 INTERNATIONAL DR WILLIAMSVILLE NY 14221	WHITE / FEMALE	↓	WBE	SC	I	236,307	VARIOUS DATES
	CAMELOT PRINT+COPY 100 FULLER RD ALBANY, NY 12205	WHITE / FEMALE	↓	WBE	SC	I	2,589	VARIOUS DATES

NAME AND TITLE OF PREPARER (Print or Type): _____ <u>PROJ. ACCT.</u>	TELEPHONE NO.: _____	EMAIL ADDRESS: _____ <u>@XEROX.COM</u>
FOR AGENCY USE ONLY REVIEWED BY: _____ DATE: _____		
QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER		

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:** List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the Expenditure Code defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A **Total Amount of Actual Expenditures in Report Period:** Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B **MBE Subcontracting Expenditures:** Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C **WBE Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D **MWBE Dual Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

Use the following codes in the Product Code column to indicate the category of work for which the MWBE was utilized:

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction

Contract Number: <b>C020543</b>  Contractor: <b>Xerox State &amp; Local Solutions</b>	<b>REPORTING PERIOD:</b> From: <u>07 / 01 / 2013</u> To: <u>09 / 30 / 2013</u>	<b>MWBE Goal</b> MBE <u>7</u> % WBE <u>7</u> % MWBE _____ %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,265,334</u> <small>(If none, enter 0)</small>	\$ <u>105,083</u> <small>(If none, enter 0)</small>	\$ <u>386,564</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

**\*CERTIFIED MWBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK\***

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid
	ENLIGHTENED, INC. 1100 15TH ST, SUITE 300 WASH, DC 20005	BLACK / MALE	2 COMMER DR. SOUTH ALBANY, NY	MBE	SC	I	105,083	VARIOUS DATES
	SUPERIOR GROUP, INC 250 INTERNATIONAL DR WELLSVILLE, NY 14721	WHITE / FEMALE	12205	WBE	SC	I	385,916	VARIOUS DATES
	CAMELOT PRINT+COPY 100 FULLER RD ALBANY, NY 12205	WHITE / FEMALE	↓	WBE	SC	I	648	VARIOUS DATES
NAME AND TITLE OF PREPARER (Print or Type):				TELEPHONE NO.:	EMAIL ADDRESS:			
[REDACTED] <b>PROJ. ACCT.</b>				[REDACTED]	[REDACTED] <b>2.XEROX.COM</b>			
<b>QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER</b>				FOR AGENCY USE ONLY				
				REVIEWED BY:		DATE:		

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:** List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the Expenditure Code defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A **Total Amount of Actual Expenditures in Report Period:** Enter the amount (\$) for each Expenditure Code made during report period under this contract.
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- Column C **WBE Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
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Use the following codes in the Product Code column to indicate the category of work for which the MWBE was utilized:

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C – Commodities, SC – Services/Consultants, CC – Construction Consultants, CN – Construction

Contract Number: <b>C020543</b>  Contractor: <b>Xerox State &amp; Local Solutions</b>	<b>REPORTING PERIOD:</b> From: <u>10 / 01 / 2013</u> To: <u>12 / 31 / 2013</u>	<b>MWBE Goal</b> MBE <u>7</u> % WBE <u>7</u> % M/WBE _____ %
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A	B	C	D
Amount of Actual Expenditures In Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures In Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures In Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures In Reporting Period
\$ <u>1,389,768</u> <small>(If none, enter 0)</small>	\$ <u>87,856</u> <small>(If none, enter 0)</small>	\$ <u>590,491</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

**\*CERTIFIED MWBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK\***

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid						
[REDACTED]	Enlightened, Inc. 1100 15 <sup>th</sup> St, Suite 300 Washington, DC 20005	Black/Male	2 Computer Drive South Albany, NY 12205	MBE	SC	I	\$87,856	Various Dates						
[REDACTED]	Superior Group, Inc. 250 International Dr. Williamsville, NY 14221	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$570,966	Various Dates						
[REDACTED]	Camelot Print & Copy 100 Fuller Rd Albany, NY 12205	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$19,525	12/27/2013						
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">NAME AND TITLE OF PREPARER (Print or Type):</td> <td style="width: 25%;">TELEPHONE NO.:</td> <td style="width: 30%;">EMAIL ADDRESS:</td> </tr> <tr> <td>[REDACTED] Project Acct.</td> <td>[REDACTED]</td> <td>[REDACTED]@xerox.com</td> </tr> </table>									NAME AND TITLE OF PREPARER (Print or Type):	TELEPHONE NO.:	EMAIL ADDRESS:	[REDACTED] Project Acct.	[REDACTED]	[REDACTED]@xerox.com
NAME AND TITLE OF PREPARER (Print or Type):	TELEPHONE NO.:	EMAIL ADDRESS:												
[REDACTED] Project Acct.	[REDACTED]	[REDACTED]@xerox.com												
<b>QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER</b>				<b>FOR AGENCY USE ONLY</b> REVIEWED BY: _____ DATE: _____										

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**

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**TOTALS FOR REPORT PERIOD**

- Column A** Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
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- Column C** WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D** MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

Use the following codes in the Product Code column to indicate the category of work for which the MWBE was utilized:

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction

<b>Contract Number:</b> C020543  <b>Contractor:</b> Xerox State & Local Solutions	<b>REPORTING PERIOD:</b> From: 01 / 01 / 2014 To: 03 / 31 / 2014	<b>MWBE Goal</b> MBE 7 % WBE 7 % MWBE _____ %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ 1,285,782 <small>(If none, enter 0)</small>	\$ 87,851 <small>(If none, enter 0)</small>	\$ 498,553 <small>(If none, enter 0)</small>	\$ 0 <small>(If none, enter 0)</small>

**\*CERTIFIED MWBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK\***

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid
[REDACTED]	Enlightened, Inc 1100 15 <sup>th</sup> St, Suite 300 Washington, DC 20005	Black/Male	2 Computer Drive South Albany, NY 12205	MBE	SC	I	\$87,851	Various Dates
[REDACTED]	Superior Design International Inc. 250 International Drive Williamsville, NY 14221	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$498,400	Various Dates
[REDACTED]	Camelot Print & Copy 100 Fuller Road Albany, NY 12205	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$2,153	Various Dates

NAME AND TITLE OF PREPARER (Print or Type): Project Accountant	PHONE NUMBER: [REDACTED]	EMAIL ADDRESS: [REDACTED]@xerox.com
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<b>QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER</b>	<b>FOR AGENCY USE ONLY</b> REVIEWED BY: _____ DATE: _____
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**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**

List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the Expenditure Code defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A **Total Amount of Actual Expenditures in Report Period:** Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B **MBE Subcontracting Expenditures:** Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C **WBE Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D **MWBE Dual Subcontracting Expenditures:** Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

Use the following codes in the Product Code column to indicate the category of work for which the MWBE was utilized:

### CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C – Commodities, SC – Services/Consultants, CC – Construction Consultants, CN – Construction

Contract Number: <b>C020543</b>  Contractor: <b>Xerox State &amp; Local Solutions</b>	<b>REPORTING PERIOD:</b> From: <u>04</u> / <u>01</u> / 2014 To: <u>06</u> / <u>30</u> / 2014	<b>MWBE Goal</b> MBE <u>7</u> % WBE <u>7</u> % M/WBE _____ %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,217,608</u> <small>(If none, enter 0)</small>	\$ <u>89,782</u> <small>(If none, enter 0)</small>	\$ <u>521,714</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

**\*CERTIFIED MWBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK\***

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid
[REDACTED]	Enlightened, Inc 1100 15 <sup>th</sup> St, Suite 300 Washington, DC 20005	Black/Male	2 Computer Drive South Albany, NY 12205	MBE	SC	I	\$89,782	Various Dates
[REDACTED]	Superior Design International Inc. 250 International Drive Williamsville, NY 14221	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$517,480	Various Dates
[REDACTED]	Camelot Print & Copy 100 Fuller Road Albany, NY 12205	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$4,234	Various Dates

NAME AND TITLE OF PREPARER (Print or Type):	TELEPHONE NO.:	EMAIL ADDRESS:
[REDACTED] Project Accountant	[REDACTED]	[REDACTED]@Xerox.com

<b>QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER</b>	<b>FOR AGENCY USE ONLY</b> REVIEWED BY: _____ DATE: _____
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**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:** List all MWBEs used during the quarter, providing all requested information in appropriate columns. In the event that an MWBE is used more than one time during a quarter, list the MWBE only once for each expenditure category. Use the **Expenditure Code** defined at the top of the form to indicate the category of expenditures for which the MWBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A** Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B** MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C** WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D** MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

Use the following codes in the Product Code column to indicate the category of work for which the MWBE was utilized:

## CONTRACTOR QUARTERLY COMPLIANCE REPORT

**INSTRUCTIONS:** BEGINNING TEN DAYS FOLLOWING THE END OF THE FIRST CALENDAR QUARTER (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>) AFTER A CONTRACT IS AWARDED; QUARTERLY COMPLIANCE REPORTS WILL BE DUE FOR THE PROCEEDING QUARTER'S ACTIVITY.

**Expenditure Code:** C - Commodities, SC - Services/Consultants, CC - Construction Consultants, CN - Construction

<b>Contract Number:</b> C020543  <b>Contractor:</b> Xerox State & Local Solutions	<b>REPORTING PERIOD:</b> From: 07 / 01 / 2014 To: 09 / 30 / 2014	<b>MWBE Goal</b> MBE <u>  7  </u> % WBE <u>  7  </u> % MWBE <u>      </u> %
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A	B	C	D
Amount of Actual Expenditures in Reporting Period	Minority-Owned Business Enterprise (MBE) Subcontracting Expenditures in Reporting Period	Women-Owned Business Enterprise (WBE) Subcontracting Expenditures in Reporting Period	Dual Minority and Women-Owned Business Enterprise (MWBE) Subcontracting Expenditures in Reporting Period
\$ <u>1,152,373</u> <small>(If none, enter 0)</small>	\$ <u>92,072</u> <small>(If none, enter 0)</small>	\$ <u>591,113</u> <small>(If none, enter 0)</small>	\$ <u>0</u> <small>(If none, enter 0)</small>

**\*CERTIFIED M/WBE VENDOR(S) INFORMATION: ALL AREAS MUST BE FILLED IN, NOTHING SHOULD BE LEFT BLANK\***

Payee ID	Primary Owner's Name, Address, City, Zip	Ethnicity and Gender (Male or Female)	Service Location	MBE, WBE or Dual MWBE	Expenditure Code	Product Code	Amount	Date Paid			
[REDACTED]	Enlightened, Inc 1100 15 <sup>th</sup> St, Suite 300 Washington, DC 20005	Black/Male	2 Computer Drive South Albany, NY 12205	MBE	SC	I	\$92,072	Various Dates			
[REDACTED]	Superior Design International Inc. 250 International Drive Williamsville, NY 14221	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$571,588	Various Dates			
[REDACTED]	Camelot Print & Copy 100 Fuller Road Albany, NY 12205	White/Female	2 Computer Drive South Albany, NY 12205	WBE	SC	I	\$19,525	Various Dates			
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">NAME AND TITLE OF PREPARER (Print or Type): [REDACTED] Project Accountant</td> <td style="width: 20%; border: none;">TELEPHONE NO.: [REDACTED]</td> <td style="width: 40%; border: none;">EMAIL ADDRESS: [REDACTED]@Xerox.com</td> </tr> </table>									NAME AND TITLE OF PREPARER (Print or Type): [REDACTED] Project Accountant	TELEPHONE NO.: [REDACTED]	EMAIL ADDRESS: [REDACTED]@Xerox.com
NAME AND TITLE OF PREPARER (Print or Type): [REDACTED] Project Accountant	TELEPHONE NO.: [REDACTED]	EMAIL ADDRESS: [REDACTED]@Xerox.com									
<b>QUARTERLY REPORTS SHOULD BE SUBMITTED TO THE OTDA PROGRAM/CONTRACT MANAGER</b>				<b>FOR AGENCY USE ONLY</b> REVIEWED BY: _____ DATE: _____							

**CREDIT WILL NOT BE GIVEN WITHOUT COMPLETE INFORMATION**

**INSTRUCTIONS:**

List all M/WBEs used during the quarter, providing all requested information in appropriate columns. In the event that an M/WBE is used more than one time during a quarter, list the M/WBE only once for each expenditure category. Use the Expenditure Code defined at the top of the form to indicate the category of expenditures for which the M/WBE was used.

**TOTALS FOR REPORT PERIOD**

- Column A** Total Amount of Actual Expenditures in Report Period: Enter the amount (\$) for each Expenditure Code made during report period under this contract.
- Column B** MBE Subcontracting Expenditures: Enter the amount for each Expenditure Code with registered Minority Owned Business Enterprises made during the report period under this contract.
- Column C** WBE Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Women Owned Business Enterprises made during the report period under this contract.
- Column D** MWBE Dual Subcontracting Expenditures: Enter the amount of expenditures for each Expenditure Code with registered Minority and Women Owned Business Enterprises made during the report period under this contract.

Use the following codes in the Product Code column to indicate the category of work for which the M/WBE was utilized: