

College at Potsdam

3320227

**FORM B**

**New York State Consultant Services**  
**Contractor's Annual Employment Report**  
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Potsdam  
 Contract Number: D000817  
 Contract Term:     /     /     to     /     /  
 Contractor Name: Architectural Resources  
 Contractor Address: 505 Franklin Street, Buffalo, NY 14202  
 Description of Services Being Provided: Architectural

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☒ Architect Services    ☐ Surveying    ☐ Environmental Services  
☐ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1011.00	11.00	871	\$208,528.62
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	11.00	871.00	\$208,528.62
<b>Grand Total</b>	11.00	871	\$208,528.62

Name of person who prepared this report: Kelly Schiltz

Title: Bookkeeper

Phone #: 716-883-5566

Preparer's Signature: Kelly Schiltz

Date Prepared: 05/13/2025

**FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Potsdam

Contract Number: D000817

Agency Business Unit: SUNY

Contract Term: / / to / /

Agency Department ID: 28250

Contractor Name: Jade Stone Engineering, PLLC

Contractor Address: 444 Vanduzee Street, Watertown, NY 13601

Description of Services Being Provided: Engineering Services

**Scope of Contract (Choose one that best fits):**


- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☒ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☐ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2071.00 Electrical Engineers	3.00	141.00	\$11,856.69
17-2141.00 Mechanical Engineers	2.00	130.00	\$10,931.70
17-3013.00 Mechanical Drafter	1.00	42.00	\$1,110.48
17-3012.02 Electrical Drafter	1.00	31.00	\$819.64
11-9041.00 Archt and Eng Managers	1.00	16.00	\$992.29
Total this Page	8.00	360.00	\$25,710.80
<b>Grand Total</b>			

Name of person who prepared this report: Danielle Harper

Title: Sr. Administrative Assistant

Phone #: 315.836.4062 x 100

Preparer's Signature: 

Date Prepared: 04/30/2025

**FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Potsdam

Contract Number: D000817

Agency Business Unit: SUNY

Contract Term: 6/4/2024 to 6/4/2024

Agency Department ID: 28250

Contractor Name: PTL Contracting Corp.

Contractor Address: 27840 County Route 193 - Theresa, NY 13691

Description of Services Being Provided: Roof test cuts at SUNY Potsdam - Lehman Hall

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☒ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☐ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Roofer	1.00	3.50	\$900.00
Total this Page	1.00	3.50	\$ 900.00
<b>Grand Total</b>			

Name of person who prepared this report: Penny Young

Title: Office Manager

Phone #: 315-628-4150

Preparer's Signature: 

Date Prepared: 4/28/2025

**FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Potsdam

Contract Number: D000817

Agency Business Unit: SUNY

Contract Term:     /     /     to     /     /

Agency Department ID: 28250

Contractor Name: Trophy Point LLC

Contractor Address: 4588 South Park Avenue, Blasdell, NY 14219

Description of Services Being Provided: Cost estimating

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☐ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☒ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
13-1051.00	7.00	110.00	\$12,000.00
Total this Page	7.00	110.00	\$12,000.00
<b>Grand Total</b>			

Name of person who prepared this report: Peter Trzybinski

Title: Director of Finance

Phone #: 716-823-0006

Preparer's Signature: 

Date Prepared: 4/30/2025

**FORM B**

# New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: SUNY Potsdam

Contract Number: D000817

Agency Business Unit: SUNY

Contract Term: / / to / /

Agency Department ID: 28250

Contractor Name: Spring Line Design Architecture + Engineering, LLP

Contractor Address: 73 Troy RD, STE 2H, East Greenbush NY 12061

Description of Services Being Provided: SUNY Potsdam Elevator

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☐ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☒ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2051 Civil Engineers	1.00	85.50	\$9,000.00
Total this Page	1.00	85.50	\$9,000.00
Grand Total	1.00	85	\$9,000.00

Name of person who prepared this report: Andrea Morris

Title: Administrative Manager

Phone #: 518.487.4755 x106

Preparer's Signature: \_\_\_\_\_

Date Prepared: 5/6/2025

(Use additional pages, if necessary)

Page      of

FORM B

OSC Use Only:

Reporting Code:

Category Code:

**State Consultant Services**  
**Contractor's Annual Employment Report**  
**Report Period: April 1, 2024 to March 31, 2025**

Contracting State Agency Name: **SUNY Potsdam** Agency Code: **28250**

Contract Number: **D000817**

Contract Term: **2/20/2024 - 12/31/2025**

Contractor Name: **Watts Architects & Engineers**

Contractor Address: **95 Perry Street, Suite 300, Buffalo, NY 14203**

Description of Services Being Provided: **Environmental Services**

**Scope of Contract (Choose one that best fits):**

Analysis Evaluation Research Training

Data Processing Computer Programming Other IT consulting

**Engineering Architect Services Surveying Environmental Services**

Health Services Mental Health Services

Accounting Auditing Paralegal Legal Other Consulting

**Note: Use the Tab key to navigate through the table portion of the form to ensure that the formulas calculate correctly.**

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-9041.00 Architectural & Engineering Manager	1	7.00	2,021.84
17-3022.00 Civil Engineering Technicians	1	1.50	267.88
17-3025.00 Environmental Engineering Technicians	1	4.00	387.23
19-2041.00 Environmental Scientists and Specialist	4	38.75	6,797.18
17-3011.00 Architectural and Civil Drafters	1	8.25	1,051.29
			0.00
			-
			-
Total this page	8	59.50	10,525.42
Grand Total	8	59.50	10,525.42

Name of person who prepared this report: **Linda Butcher**

Preparer's Signature: 

Title: **Accounting Manager** Phone #: **(716) 206-5128**

**4/30/2025**

Use additional pages if necessary)

Page 1 of 1