

**Office of
Children and
Family Services**

3400000

OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD
REPORT PERIOD: APRIL 1, 2018 TO MARCH 31, 2019

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contract Number: <u>CO27777</u>	
Contract Term: <u>03/31/2018 to 03/30/2019</u>	
Contractor Name: <u>Cornell University</u>	
Contractor Address: <u>373 Pine Tree Rd., Ithaca NY 14850</u>	
Description of Services Being Provided: <u>Therapeutic Crisis Intervention Training and Technical Assistance</u>	

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input checked="" type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category http://www.onelcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
25-9099.00	22	5,485	\$235,701.00
*See OCFS-4842 Form A for explanation of hours.			
Total this page	22	5,485	\$235,701.00
Grand Total	22	5,485	\$235,701.00

Name of person who prepared this report: Kristen Carlson

Title: Program Assistant **Phone #:** 607-255-5440

Preparer's Signature: *Kristen Carlson*

Date Prepared: 05/08/2019

(Use additional pages, if necessary)

OSC Use Only:

Reporting Code: _____

Category Code: _____

Date Contract Approved: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD
REPORT PERIOD: APRIL 1, 2017 TO MARCH 31, 2018

FORM B

Contracting State Agency Name: NYS Office of Children and Family Services **Agency Code:** 3400000
Contract Number: C027801
Contract Term: 3/1/2016 to 2/28/2021
Contractor Name: Western New York Speech-Language Pathology, OT and PT Consultants, PLLC
Contractor Address: 590 Fishers Station Dr, Suite 130, Victor, NY 14564
Description of Services Being Provided: Speech Therapy and Language Development Services

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
25-2054.00	1	192	\$26,325.00
29-1127.00	1	92	\$12,946.94
Total this page	2	284	\$39,271.94
Grand Total			

Name of person who prepared this report: Christine Marzano
Title: Business Office **Phone #:** 585-924-7207
Preparer's Signature: *Christine Marzano*
Date Prepared: 4/3/2018

(Use additional pages, if necessary)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: *Office of Childen and Family Services*
 Contract Number: *0027985* Agency Business Unit: *CFS 01*
 Contract Term: *2/1/2017 to 12/31/2021* Agency Department ID: *3400000*
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd. Ithaca, NY. 14850*
 Description of Services Being Provided:
Com. Psychiatric 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
<i>29-1066-00</i>	<i>1</i>	<i>462.05</i>	<i>154,787</i>
	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	<i>1</i> 0.00	<i>462.05</i> 0.00	<i>154,787</i> \$ 0.00
Grand Total	<i>1</i>	<i>462.05</i>	<i>154,787</i>

Name of person who prepared this report: *Henry Gerson*
 Title: *President* Phone #: *917-539-0445*
 Preparer's Signature:
 Date Prepared: *4/24/19*

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: *Office of Children and Family Services*
 Contract Number: *CØ27987* Agency Business Unit: *CF5Ø1*
 Contract Term: *3/1/17* to *12/31/21* Agency Department ID: *3400000*
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd Ithaca, NY 14850*
 Description of Services Being Provided:
Comp. Psychiatric Svcs.

- 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
<i>29-1066.00</i>	<i>1</i>	<i>836.94</i>	<i>280,374.90</i>
	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	<i>1</i> 0.00	<i>836.94</i> 0.00	<i>280,374.90</i> 0.00
Grand Total	<i>1</i>	<i>836.94</i>	<i>280,374.90</i>

Name of person who prepared this report: *Henry Gerson*

Title: *President*

Phone #: *917-539-0445*

Preparer's Signature: *[Signature]*

Date Prepared: *4/1/19*

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: *Office of Children and Family Services*
 Contract Number: *C028156* Agency Business Unit: *CF501*
 Contract Term: *12/1/18* to *11/30/19* Agency Department ID: *3400000*
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd. Ithaca, NY 14850*
 Description of Services Being Provided:
comp. Psychiatric 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
<i>29-1066.00</i>	<i>1</i>	<i>360.42</i>	<i>134,437</i>
	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	<i>1</i> 0.00	<i>360.42</i> 0.00	<i>134,437</i> \$0.00
Grand Total	<i>1</i>	<i>360.42</i>	<i>134,437-</i>

Name of person who prepared this report: *Henry Gerson*

Title: *President*

Phone #: *917-539-0445*

Preparer's Signature: 

Date Prepared: *4/22/18*


FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: *Office of Children and Family Svcs.*
 Contract Number: *C028407* Agency Business Unit: *CE501*
 Contract Term: *12/1/18 to 11/30/23* Agency Department ID: *3400000*
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd, Ithaca, NY 14850*
 Description of Services Being Provided: *Comp. psychiatric Svcs.*

- 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
<i>29-1066.00</i>	<i>1</i>	<i>241.72</i>	<i>91,853.60</i>
	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	0.00	0.00	<i>91,853.60</i> \$0.00
Grand Total			<i>91,853.60</i>

Name of person who prepared this report: *Henry Gerson*
 Title: *President*
 Preparer's Signature: 
 Date Prepared: *4/18/19*

Phone #: *917-539-0445*

FORM B

OSC Use Only:

Reporting Code:

Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2018 to March 31, 2019**

Contracting State Agency Name: NYS OCFS Agency Code: 25000
 Contract Number: PH65773
 Contract Term: 11/01/2012 to 06/30/2019
 Contractor Name: IIT Inc
 Contractor Address: 6 CORNISH COURT, SUITE 101, HUNTINGTON STATION, NY 11746
 Description of Services Being Provided: IT 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
15-1121.00 Computer Systems Analysts	6	8948.5	\$ 631,383.25
15-1131.00 Computer Programmers	6	10252.75	\$ 820,241.28
Total this page	12	19201.25	\$ 1,451,624.52
Grand Total	12	19201.25	\$ 1,451,624.52

Name of person who prepared this report: Dinesh Gulati
 Preparer's Signature: *Dinesh Gulati*
 Title: Managing Director Phone #: 631-254-8600 215
 Date Prepared: 4/24/2019

Use additional pages if necessary)


FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: NYS OCFS
 Contract Number: PR65774 Agency Business Unit:
 Contract Term: 04/01/2018 to 03/31/2019 Agency Department ID: 3400000
 Contractor Name: InfoPeople Corporation
 Contractor Address: 450 Seventh Avenue, Suite 1106, NY NY 10123
 Description of Services Being Provided: IT Staff Augmentation 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
15-1133.00 Software Developer/Systems Software	1.00	1,884.00	\$91,717.00
	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	\$0.00
Total this Page	1.00	1,884.00	\$91,717.00
Grand Total	1.00	1,884	\$91,717.00

Name of person who prepared this report: Douglas Bernstein
 Title: VP
 Preparer's Signature: 
 Date Prepared: 4/30/2017
 Phone #: 646-790-8252

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: **NYS Office of Children and Family Services (OCFS)**
 Contract Number: **PH65776** Agency Business Unit:
 Contract Term: 11/01/2012 to 06/01/2019 Agency Department ID: **3400000**
 Contractor Name: **Knowledge Builders Inc.**
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**
 Description of Services Being Provided: **Programmer**

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
15-1132	1	1862.50	\$152,538.75
	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	1	1862.50	\$152,538.75
Grand Total	1	1862.50	\$152,538.75

Name of person who prepared this report: **Sanjay Kapalli**

Title: **Executive Vice President**

Phone #: **518-810-7478**

Preparer's Signature: _____

Sanjay

Date Prepared: **04/18/2019**

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: **NYS Office of Children and Family Services (OCFS)**
 Contract Number: **PH65776** Agency Business Unit:
 Contract Term: 11/01/2012 to 06/01/2019 Agency Department ID: **3400000**
 Contractor Name: **Knowledge Builders Inc.**
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**
 Description of Services Being Provided: **Project Manager**

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
15-1199.09	2	1561	\$143,993.23
	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	2	1561	\$143,993.23
Grand Total	2	1561	\$143,993.23

Name of person who prepared this report: **Sanjay Kapalli**

Title: **Executive Vice President**

Phone #: **518-810-7478**

Preparer's Signature: _____ *Sanjay* _____

Date Prepared: **04/18/2019**

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: **NYS Office of Children and Family Services (OCFS)**
 Contract Number: **PH65776** Agency Business Unit:
 Contract Term: 11/01/2012 to 06/01/2019 Agency Department ID: **3400000**
 Contractor Name: **Knowledge Builders Inc.**
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**
 Description of Services Being Provided: **Specialist**

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
15-1132	7	12,754.25	\$671,001.14
	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	7	12,754.25	\$671,001.14
Grand Total	7	12,754.25	\$671,001.14

Name of person who prepared this report: **Sanjay Kapalli**
 Title: **Executive Vice President** Phone #: **518-810-7478**
 Preparer's Signature: _____ *Sanjay* _____
 Date Prepared: **04/18/2019**

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: Office of Children & Family Services
 Contract Number: PH 65782 Agency Business Unit: CFS01
 Contract Term: 11/01/2012 to 06/30/2019 Agency Department ID: 3400000
 Contractor Name: PSI International Inc.
 Contractor Address: 11200 Waples Mill Rd, Suite 200 Fairfax, VA 22030
 Description of Services Being Provided: IT 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
Computer Systems Analysts	18.00	30,327.50	\$1,927,430.18
Computer Programmers	16.00	25,387.75	\$1,946,103.08
IT Project Managers	1.00	1,930.50	\$182,934.18
Computer User Support Specialists	20.00	27,648.75	\$1,527,569.34
Computer Systems Architects	2.00	1,438.00	\$126,687.80
Software Quality Assurance Testers	1.00	1,984.50	\$100,872.14
Total this Page	58.00	88,717.00	\$5,811,596.72
Grand Total	58.00	88,717.00	\$5,811,596.72

Name of person who prepared this report: Jasmin Bertulfo

Title: Accountant

Phone #: 703.621.5849

Preparer's Signature: Jasmin Bertulfo

Date Prepared: 5/13/2019

FORM B

OSC Use Only:

Reporting Code:

Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2018 to March 31, 2019**

Contracting State Agency Name: Office of Children & Family
 Agency Code: 340000
 Contract Number: PR65777/PH65777
 Contract Term: 11/01/2012 to 06/30/2019
 Contractor Name: Logic House Ltd.
 Contractor Address: 49950 Jefferson St., Suite 130-391, Indio, CA 92201
 Description of Services Being Provided: Various Hourly Based IT 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
Computer Programmer	2	3,783.25	\$302,052.58
Total this page	2	3,783.25	\$ 302,052.58
Grand Total	2	3,783.25	\$ 302,052.58

Name of person who prepared this report: Sheila Allen House
 Preparer's Signature: Sheila Allen House
 Title: President Phone #: 310-871-2790
 Date Prepared: 04/16/2019

OSC Use Only:
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD
REPORT PERIOD: APRIL 1, 20__ TO MARCH 31, 20__


FORM D

Contracting State Agency Name: NYS Office of Children and Family Services **Agency Code:** 3400000
Contract Number: 5010191
Contract Term: 2/1/16 to 11/30/19
Contractor Name: Bruce H. David, D.O.
Contractor Address: 400 E. 89th St., Apt 8J, NY, NY, 10128
Description of Services Being Provided: Psychiatric Services

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1	555	\$ 138,750
Total this page	1	555	\$ 138,750 \$ 0.00
Grand Total	1	555	\$ 138,750 ⁰⁰ / _{th}

Name of person who prepared this report: Bruce H. David, D.O.
Title: Psychiatrist **Phone #:** 347 302 8034
Preparer's Signature: 
Date Prepared: 5/19/19

OSC Use Only:
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD
REPORT PERIOD: APRIL 1, 20__ TO MARCH 31, 20__


FORM 8

Contracting State Agency Name: NYS Office of Children and Family Services **Agency Code:** 3400000
Contract Number: 5010199
Contract Term: 3/31/18 to 3/31/23
Contractor Name: Bruce H. David, P.O.
Contractor Address: 400 E. 89th St., Apt 8J, NY, NY 10128
Description of Services Being Provided: Psychiatric Services

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1	515	\$ 137,500
Total this page	1	515	\$ 137,500 \$ 0.00
Grand Total	1	515	\$ 137,500

Name of person who prepared this report: Bruce H. David, P.O.
Title: Psychiatrist **Phone #:** 347 302 8034
Preparer's Signature: 
Date Prepared: 5/19/19

(Use additional pages, if necessary)

OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD
REPORT PERIOD: **APRIL 1, 2018 TO MARCH 31, 2019**

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>25000</u>
Contract Number: <u>S010202</u>	<u>3400000</u>
Contract Term: <u>9/1/2018 to 8/31/2023</u>	
Contractor Name: <u>Andrea Kay Faulkner</u>	
Contractor Address: <u>71 Lime Rock Lane, Rochester, NY 14610</u>	
Description of Services Being Provided: <u>Psychiatric Supervision</u>	

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00	1	820	188,656.57
Total this page	1	820	\$188,656.57
Grand Total		820	\$188,656.57

Name of person who prepared this report: Andrea Kay Faulkner

Title: Supervising Psychiatrist **Phone #:** 585-381-5393

Preparer's Signature: *Andrea Kay Faulkner*

Date Prepared: 5/14/2019

OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD
REPORT PERIOD: APRIL 1, 2018 TO MARCH 31, 2019

FORM B

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000
 Contract Number: TS 10175
 Contract Term: 5/1/2016 to 2/28/2019
 Contractor Name: Gillian A. Hirsch
 Contractor Address: 3 Thorne Way SS, NY 12866
 Description of Services Being Provided: Contract Hearing Officer

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
23-1021.00	1	480	24,000.00
Total this page	0	0	\$ 0.00
Grand Total	1	480	24,000.00

Name of person who prepared this report: Gillian A. Hirsch
 Title: Contract Hearing Officer Phone #: 518 526 9657
 Preparer's Signature: Gillian A. Hirsch
 Date Prepared: 4/15/2019

(Use additional pages, if necessary)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2018 to March 31, 2019 ^(NY)

Contracting State Agency Name: **NYS OCFS**

Contract Number: **06SPN-CFS01-00000045443** Agency Business Unit:

Agency Department ID: **3400000**

Contract Term: **2/1/19 to 1/31/20**

Contractor Name: **New York State Technology Enterprise Corporation (NYSTEC)**
 Contractor Address: **500 Avery Lane, Suite A, Rome, NY 13441**

Description of Services Being Provided:
CCWIS Planning 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 to be worked	Amount Payable Under the Contract
11-3021.00 Computer and Information Systems Manager	5	619	\$112,828.68
Total this page	5	619	\$ 112,828.68
Grand Total	5	619	\$ 112,828.68

Name of person who prepared this report: **Michael J. Tallman**

Title: **Contracts Manager**

Preparer's Signature:



Phone #: **315-334-7843**
mtallman@nystec.com

Date Prepared: **4/29/2019**

(Use additional pages, if necessary) **TA0682**