Corrections 3250226

•	FC	R	M	В
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OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services

Contractor's Annual Employment Report				
Report Period: April 1, 2019 to March 31, 2020				
Contracting State Agency Name: Dept Contract Number: C000252 Contract Term: 10/1/17 to 9/30/20 Contractor Name: Teal, Becker & Chic Contractor Address: 7 Washington So Description of Services Being Provided	Agency Code: 3250226			
Scope of Contract (Choose one that best fits): Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Business and Financial Operations, Accountants and Auditors, Professionals	9	421.10	\$55,135	
T-A-I Abia na ma		424.40	DEE 425	
Total this page Grand Total	9	421.10 421.10	\$55,135 \$55,135	
Name of person who prepared this rep Preparer's Signature: Vincent Title: Shareholder Date Prepared: 05/01/2020	ort: Vincent J. Comm		Page of	

New York State Consultant Services			
Contractor's Annual Employment Report			
Report Per	riod: <u>April 1, 2019</u>	to <u>March 31, 2020</u>	
Contracting State Agency Name: D	epartment of Cor	rections and Comm	unity Supervision
Contract Number: C161451	•	Agency Business	
Contract Term: 04/01/2019 to 03/3	1/2023	Agency Departme	
Contractor Name: NaphCare, Inc.		Machiel Pober in	
Contractor Address: 2090 Columbi	iana Road Suite A	000 Rirmingham A	1 35216
Description of Services Being Prov		_	
Correctional Facility and Fishkill Co	•		ysis Utilis at Wellue
Scope of Contract (Choose one tha		<u>y</u>	
☐ Analysis ☐ Evaluation		T-airin -	
	Research	☐ Training	
	ter Programming	Other IT con	
Engineering Architect S		rveying Env	ironmental Services
	ealth Services	, <u> </u>	
☐ Accounting ☐ Auditing	☐ Paralegal		ther Consulting
Employment Catagons	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
		Hours Worked	
Nephrologist (MD) 29-1069.00	2	40 hours per week each	Included in treatment price
Dialysis Unit Manager (RN) 11-1911.0	2	40 hours per week each	Included in treatment price
Registered Nurse 29-1141.00	4	40 hours per week each	Included in treatment price
Patient Care Technician 29-2099.00	4	40 hours per week each	Included in treatment price
Renal Dietitian 29-1031.00	2	40 hours/month each	Included in treatment price
Social Worker 21-1022.00	2	40 hours/month each	Included in treatment price
Dialysis Purchasing Manager 11-3061.00	2	4 hours per month each	Included in treatment price
Purchasing Assistant 43-9061.00	2	4 hours per month each	Included in treatment price
Pharmacist 29-1051.00	2	4 hours per month each	included in treatment price
Pharmacy Technician 29-2052.00	2	4 hours per month each	Included in treatment price
Blomedical Treatment Technician	2	4 hours per month each	Included in treatment price
Total this page		27,360	Included in treatment price
Grand Total		27,360	Included in treatment price
Name of person who prepared this Amber Leckenby			
report:			
Phone			
Title: Director of Ancillary Services #: (205) 536-8481			
7			
Preparer's Signature:			
Date Prepared: 05/18/2020			

FORM B

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

Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: DOCCS			
Contract Number: CC161448 Agency Business Unit: DOC01			
Contract Term: 4/1/2019 to 3/31/2	.020	Agency Department	
Contractor Name: Worldwide Travel	Stafing, Limited		E320936
Contractor Address: 2829 Sheridan [Drive, Tonawand	a, New York 14150	•
Description of Services Being Provide	ed: Temporary I	Nursing Services	
•			
Scope of Contract (Choose one that b	·	·_ ·_ ·	·
		ining	
Data Processing Computer Pro		Other IT consulting	0
☐ Engineering ☐ Architect Services	_ , ,	☐ Environmental	Services
Health Services Mental Health			M
Accounting Auditing Pa	ralegal Leg	jal . 🔲 Other Consul	ting
F	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
29-1141.00	14.00	10,261.42	\$687,515.14
	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	14.00	10,261.42	\$687,515.14
Grand Total	14.00	10,261	\$687,515.14
Name of person who prepared this report: Leo R. Rlatz			

Title: C.E.O.

Preparer's Signature:

Date Prepared: 4/17/2020

Phone #: 716-821-9001

(Use additional pages, if necessary)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: DOCCS	
Contract Number: CC161465	Agency Business Unit: DOC01
Contract Term: 4/1/2019 to 3/31/2020	Agency Department ID: 3250226

Contractor Name: Worldwide Travel Stafing, Limited

Contractor Address: 2829 Sheridan Drive, Tonawanda, New York 14150 Description of Services Being Provided: Temporary Nursing Services

Scope of Contract (Choose one that best fits):				
☐ Analysis ☐ Evaluation ☐ Research ☐ Training				
☐ Data Processing ☐ Computer Pro	☐ Data Processing ☐ Computer Programming ☐ Other IT consulting			
☐ Engineering ☐ Architect Services	Surveying	Environmental	Services	
	Services			
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1141.00	14.00	8,480.92	\$568,221.64	
	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	14.00	8,480.92	\$568,221.64	
Grand Total	. 14.00	8,480	\$568,221.64	

Name of person who prepared this report: Leo R. Blatz

Title: C.E.O.

Preparer's Signature:

Date Prepared: 4/17/2020

Phone #: 716-821-9001

(Use additional pages, if necessary)

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