# Office of Children and Family Services

3400000

OSC	Use	Only:
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Reporting Code:

Category Code:

Date Contract Approved:

## NEW YORK STATE

## OFFICE OF CHILDREN AND FAMILY SERVICES <u>STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD</u>

REPORT PERIOD: APRIL 1, 2019 TO MARCH 31, 2020

## FORM B

Contracting State Agency Name: <u>NYS Of</u>	fice of Ch	ildren and l	Family Services	Ag	ency Code: <u>3400000</u>		
Contract Number: <u>C027801</u>	Contract Number: C027801						
Contract Term: <u>3/1/2016 to 2/28/2021</u>			_				
Contractor Name: Western New York	Speech-L	anguage Pa	thology, OT and	<u>i PT (</u>	Consultants, PLLC		
Contractor Address:	n Dr. Suit	te 130, Vict	or, NY 14564				
Description of Services Being Provided:	Speech	Therapy a	nd Language De	velop	ment Services		
			· · · · · · · · · · · · · · · · · · ·				
Scope of Contract (Choose one that best	- fits):		* <u>-</u>	•	·····		
Analysis Evaluation	•	Researcl	ו	🗌 Tra	lining		
Data Processing     Computer Progra	amming	Other IT	consulting	🔲 Eng	gineering		
Architect Services	•	Environn	nental Services	🖾 He	alth Services		
Mental Health Services     Accounting		Auditing		🗌 Pa	ralegal		
Legal     Other Consulting	)						
Employment Category http://www.onetcodeconnector.org/		nber of bloyees	Number of Hou Worked Durin Reporting Peri	g	Amount Paid During Reporting Period		
25-2054.00		1		141	\$18,167.50		
29-1127.00		1		52	\$6,175.00		
			-				
Total this page		2		193	\$24,342.50		
Grand Total							

Name of person whe	o prepared this report:	Christine Marzano		
Title: Business	Office		Phone #:	585-924-7207
Preparer's Signatur	e: Chrothe	Mamane	2	
Date Prepared:	4/3/2020			
(Use additional pages	s, if necessary)		Page 1	of 1

.

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

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

Contracting State Agency Name: OFFice of	Children and Family Sucs.
Contract Number: Cダンフ985	Agency Business Unit: CFS01
Contract Term: 2/1/17 to 12/31 21	Agency Department ID: 3400000
Contractor Name: Henry D. Gerson, M.D. f.C.	•
Contractor Address: 219 Constick Road .	Jthaca, N.Y. 14850
Description of Services Being Provided:	
Comp. Psychiatric Sel	Vices :

Scope of Contract (Choose one that I	pest fits):		
Analysis Evaluation Research	Training		
Data Processing Computer Program	mming Oth	er IT consulting	
Engineering Architect Services	Surveying	Environmental Services	
Health Services Mental Health Ser	vices		
Accounting Auditing Paralegal	Legal	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
291066.00	1	178.17	59,847.
	···		
Total this Page	1	178.17	59,8.47
Grand Total	•	LI78.17	59,847

Name of person who prepared this report: Henry Gerson Title: President

Phone #: 917 . 539 . 0 445

Preparer's Signature:

Date Prepared: 4 13/2.

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

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

Contracting State Agency Name: Office of	Children and Family Sver.
Contract Number: CØ279.87	Agency Business Unit: CFS01
Contract Term: 3/1 / 17 to 12/31/2 (	Agency Department ID: 3400000
Contractor Name: Henry D. Gerson M.)	P.C.
Contractor Name: Henry D. Gerson, M.) Contractor Address: 29,9 Constock Rd.	Ithaca, NY 14850
Description of Services Being Provided:	· · · · · · · · · · · · · · · · · · ·
Comp. Psychiatric Sa	el vi Cen

Scope of Contract (Choose one that I	pest fits):			
Analysis Evaluation Research	Training			
Data Processing Computer Programming Other IT consulting				
Engineering Architect Services Surveying Environmental Services				
Health Services Mental Health Ser	vices	• •		
Accounting Auditing Paralegal	Legal, Ö	ther Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
291066.00	<u> </u>	695.17	234,201	
	<u></u>			
· · ·				
Total this Page	1	695.17	234,201	
Grand Total	1	695.77	234,201	

Name of person who prepared this report: Henry Gerson

Title: President

Phone #: 917-539.0445

Preparer's Signature:

Date Prepared: 4/3/ 20

(Use additional pages, if necessary)

Page 1 of r

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

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

Contracting State Agency Name: OFfice of	Children and Family SVCS.
Contract Number: C Ø Z 8 / 5 6	Agency Business Unit: CFS01
Contract Term: 12/1/19 to 11/3/20	Agency Department ID: 3400000
Contractor Name: Henry D. Gerson, M.D.	, P.C.
Contractor Address: 219 Como Fock Rd.	Fthaca, NY 14850
Description of Services Being Provided: Comp. Psychiat	

Scope of Contract (Choose one that I	best fits):				
Analysis Evaluation Research	Training				
Data Processing Computer Programming Other IT consulting					
Engineering Architect Services	Engineering Architect Services Surveying Environmental Services				
Health Services Mental Health Ser	VICES				
Accounting Auditing Paralegal	Legal O	ther Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
29-1066.00	1	251.68.	93,876		
•					
	244-317-0-31				
Total this Page	1	251.68	93,876		
Grand Total	l	251.68	<u>93,876</u> 93,876		

Name of person who prepared this report: Heary Gerson

Title: President

Phone #: 917 - 539- 6445

Preparer's Signature:

Date Prepared: 5 /1 /20

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020				
Contracting State Agency Name: OCFSContract Number: C028287Agency Business Unit: CFS01Contract Term: 4/1//19 to 3/31/20Agency Department ID: 3400000Contractor Name: Worldwide Travel Staffing, LimitedContractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150Description of Services Being Provided: Temporary Nursing Services				
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Employment Category Temporary Nursing Services				
	Employees	Hours Worked	Under the Contract	
	Employees 4.00	Hours Worked 4,429.55	Under the Contract 299899.71	
	Employees 4.00 0.00	Hours Worked 4,429.55 0.00	Under the Contract 299899.71 \$0.00	
	Employees 4.00 0.00 0.00	Hours Worked 4,429.55 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 4.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 4,429.55 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 299899.71 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	

and

Name of person who prepared this report: Joseph Giaimo

Preparer's Signature: \_\_\_\_\_ Date Prepared: 4//15/20/

Title: Chief Operating Office

Phone #: 866-633-3700

(Use additional pages, if necessary)

Page 1 of 1

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

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

Contracting State Agency Name: Office	f Children and Family Svcs.
Contract Number: CØ28407	Agency Business Unit: CFS01
Contract Term: 12 / 1 / 18 to 11 /30/23	Agency Department ID: 3400000
Contractor Name: Henry ). Berron, M.D., P.C. Contractor Address: 219 Comstock Rd.	<u>n</u> , · · · ·
Contractor Address: 219 Comstock Rd.	Ituaca, MY 14850
Description of Services Being Provided:	
Cimp. Psychists	ie sver.

Scope of Contract (Choose one that I	best fits):			
Analysis. Evaluation Research	Training		•	
Data Processing Computer Programming Other IT consulting				
Engineering Architect Services Surveying Environmental Services				
Health Services Mental Health Ser	vices			
Accounting Auditing Paralegal	Legal (	Other Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
291066.00	Ì	784.28	298,026	
	San da			
	· · · · · · · · · · · · · · · · · · ·		ann <sub>e</sub>	
Total this Page	1	784.28	298,026	
Grand Total	1	784.20	298,026 298,026	

Name of person who prepared this report: Henry Gerson

Title: President

Phone #: 917. 539 - 0445

Preparer's Signature:

Date Prepared: 4/14/2 3

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020					
Contracting State Agency Name: OCFS         Contract Number: C028408       Agency Business Unit: CFS01         Contract Term: 12/01/2018 to 11/30/2021       Agency Department ID: 3400000         Contractor Name: 24 <sup>th</sup> Street Psychiatry, PC       Contractor Address: 200 West 20 <sup>th</sup> Street Suite 104, NYC, NY 10011         Description of Services Being Provided: Psychiatric       Psychiatric					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Surveying         Health Services       Mental Health Services         Accounting       Paralegal					
Number of         Number of         Amount Payable           Employment Category         Employees         Hours Worked         Under the Contract					
Psychiatrist- code- 29-1066.00	1.00	202.10	\$65,672.75		
	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 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00		
	0.00 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 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		

Name of person who prepared this report: Jeff Corbin, MD MPH

Title: President Phone #: (917) 606-1688 **.** . Preparer's Signature: Date Prepared: 4/16/2020

(Use additional pages, if necessary)

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New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020					
Contracting State Agency Name: OCFS         Contract Number: C028487       Agency Business Unit: CFS01         Contract Term: 6/1/2019 to 5/31/2024       Agency Department ID: 3400000         Contractor Name: Yaws Environmental Process Control, Inc.       Contractor Address: 951 East Shore Drive         Description of Services Being Provided: Wastewater Treatment       Contractor Address					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Number of         Number of         Amount Payable           Employment Category         Employees         Hours Worked         Under the Contract					
51-9031.00	8.00	4,056.00	\$152,400.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	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	8.00	4,056.00	\$152,400.00		
Grand Total	8.00	4,056	\$152,400.00		

Name of person who prepared this report: Lauri Smith

Jauril Sur

Title: President

Preparer's Signature:

Phone #: 607-227-1696

(Use additional names if necessary)

Page of

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020					
Contracting State Agency Name: OCFS         Contract Number: CO28513       Agency Business Unit: CFS01         Contract Term: 06/01/2019 to 06/30/2020       Agency Department ID: 3400000         Contractor Name: Environmental & Fueling Systems         Contractor Address: 20 Gurley Ave Troy, Ny 12182         Description of Services Being Provided: Environmental Site inspection, SPCC plan         preperation, Fuel tank repairs					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Number of Employment Category         Number of Employees         Number of Hours Worked         Amount Payable Under the Contract					
TDR - Inspector	1.00	224	\$21,000.00		
SGD Environment - SPCC plan	2.00	100.00	\$10,000.00		
Environmental & Fueling System	0.00	0.00	\$0.00		
Laborer	7.00	123.00	\$18,450.00		
Plumber	6.00	156.00	· \$23,400.00		
Inspector	0.00	0.00	\$0.00		
Admin - Contract PM	1.00	100.00	\$20,000.00		
Admin - E&FS	2.00	6.00	\$900.00		
Electrician	4.00	77.00	\$11,550.00		
Travel	7.00	133.50	\$10,680.00		
Off Site	2.00	119.00	\$7,280.00		
	0.00	0.00	. \$0.00		
	0.00	0.00	\$0.00		
Total this Page	32.00	1,038.50	\$123,260.00		
Grand Total					

Name of person who prepared this report: Marc Miller

Title: Member

Phone #: 518-272-8142

Preparer's Signature:

Date Prepared: 5 / 1/ /2020

(Use additional pages, if necessary)

Page ( of

New York State Consultant Services			
Contractor's Annual Employment Report			
Report Period: April 1, 2019 to March 31, 2020			

Contracting State Agency Name: NYS Office of Children & Family Services Contract Number: C028544 Agency Business Unit: Contract Term: 05/15/2019 to 12/31/2023 Agency Department ID: 2400000 Contractor Name: Youth Research, Inc. Contractor Address: 5 University Place, Building 5, 4th Floor, Rensselaer, NY 12144 Description of Services Being Provided: Training Scope of Contract (Choose one that best fits): Analysis Evaluation Research Data Processing Computer Programming Other IT consulting Architect Services Engineering Environmental Services Health Services Mental Health Services Daralegal Accounting Auditina Other Consulting Number of Number of **Amount Pavable** Hours Worked **Employment Category** Employees Under the Contract 13-1151.00 28.00 20,404.66 \$712,785.93 11-1011.00 2.00 1,800.00 \$123,865.40 43-9061.00 3.00 827.72 \$20,858.02 11-3121.00 1.00 240.00 \$10.584.48 13-1071.00 1.00 595.24 \$20,756.03 4.00 \$84,460.43 11-3131.00 2.243.64 11-3031.01 1.00 255.00 \$11.769.15 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 40.00 26,366.26 \$985,079.44 Total this Page 40.00 26.366 \$985,079.44 Grand Total

Name of person who prepared this report: Lauren M. Ayers

Title: CFO 111MM Preparer's Signature: Date Prepared: 4/22/2020

Phone #: 838-200-1790

(Use additional pages, if necessary)

Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020						
Contracting State Agency Name: OCFS         Contract Number: \$0/0/6/       Agency Business Unit: CFS01         Contract Term: 4/1/19/10/31/31/20       Agency Department ID: 3400000         Contractor Name: Snehal R Sheth MD       Contractor Address: 454 Country Club Lane, Kingston, NY, 12401         Description of Services Being Provided: Paychiatric Services						
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
		133.05 WS	\$25,944.40			
Psychigtric Services (Red Hook RC)	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
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	\$ 0.00			
Grand Total	l l	133.05 45	\$ 25,944.40			

Name of person who prepared this report: Snehal R Sheth MD

Title: MD, Psychiatrist

Preparer's Signature: \_\_\_\_ Date Prepared: 7/20/20

Phone #: 845-797-5252

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020						
Contracting State Agency Name: OCFS Contract Number: $SOJOJ7J$ Agency Business Unit: CFS01 Contract Term: $4/JJJ9$ to $3/3J/26$ Agency Department ID: 3400000 Contractor Name: Snehal R Sheth MD Contractor Address: 454 Country Club Lane, Kingston, NY, 12401 Description of Services Being Provided: Paychiatric Services						
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Surveying         Health Services       Mental Health Services         Accounting       Paralegal						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
(CSEG)	P3ychightin Selvices / 267.33 hs \$ 53,466.00 (CSEG) 0.00 0.00 \$0.00					
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00 \$0.00			
	0.00	0.00	\$0.00			
·····	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	\$ 0.00			
Grand Total	1	267-33 hs	\$ 53,466.00			

Name of person who prepared this report: Snehal R Sheth MD

Title: MD, Psychiatrist

Phone #: 845-797-5252

Preparer's Signature: \_\_\_\_\_ Date Prepared: 1/20/2-0

(Use additional pages, if necessary)

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New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, to March 31,					
Contracting State Agency Name: OCFS Contract Number: $\int O  O   9 $ Agency Business Unit: CFSO1 Contract Term: $ 2/ / 6 $ to $  /3/ 9 $ Agency Department ID: 3400000 Contractor Name: Bruce H. David, DO. Contractor Address: 400 East 89m At., Apt 8J, New York, NY 10128 Description of Services Being Provided: Sychiatric 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 Miental Health Services					
Legal D Other Consulting     D Auditing D Paralegal D Legal D Other Consulting     Employment Category     Number of Number of Amount Payable     Employees Hours Worked Under the Contract					
Pro heatrist		<i>_26</i> 00	393 \$.00	JA 9,250\$6.00	
29-1066.00	-	0.00	0.00	\$0.00	
		0.00	0.00	\$0.00	
		0.00	0.00	\$0.00	
		0.00	0,00	\$0.00	
		0.00	0.00	\$0.00	
		0.00	0.00	\$0.00	
		0.00	0.00	\$0.00	
0.00 0.00 \$0.00					
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	\$ 0.00	
Grand Total	1		393	1.98,250-8	

Name of person who prepared this report: Bruce H. Paula, 20 Title: Prychia trist Preparer's Signature: \_\_\_\_\_

Date Prepared: 51/120

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	Annual Em	ultant Services ployment Repo to March 31,	ort			
Contracting State Agency Name: OC Contract Number: S010192 Contract Term: 02/01/2017 to 12/ Contractor Name: Mark Cattalani, M Contractor Address: 28 East St., Ska Description of Services Being Provid	/31/2021 D aneateles, NY. 13	Agency Business Ur Agency Department				
□ Data Processing       □ Computer Processing         □ Engineering       □ Architect Service         □ Health Services       ☑ Mental Health	esearch					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
29-1066.00 Psychiatrist	1.00	233.50	\$49,450.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
· · · ·	_ 0.00 .	0.00	<u> </u>			
	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         233.50         \$49,450.00						
Total this Page	1.00					

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4.4 . .

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Title: MD

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Preparer's Signature: Date Prepared: 04/26/2020 (Use additional pages, if necessary)

Phone #: 617-365-2817

Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020							
Contracting State Agency Name: OCFS Contract Number: $50/0/9.5$ Agency Business Unit: CFS01 Contract Term: $4/1/1/9$ to $3/31/20$ Agency Department ID: 3400000 Contractor Name: Snehal R Sheth MD Contractor Address: 454 Country Club Lane, Kingston, NY, 12401 Description of Services Being Provided: Paychiatric Services							
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Auditing							
Number of         Number of         Amount Payable           Employment Category         Employees         Hours Worked         Under the Contract							
PSYCHIGHTIC Serves							
$(\beta_{SC})$ 0.00 0.00 \$0.00							
<u> </u>	0.00	0.00	\$0.00				
· · · · ·	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	· \$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00 0.00 \$0.00						
	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 0.00 546,24 has	\$0.00 \$ 0.00 \$ 150,2/6.00				

Name of person who prepared this report: Snehal R Sheth MD

Title: MD, Psychiatrist

Phone #: 845-797-5252

Preparer's Signature:

Date Prepared: 4 /20/20

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

Contracting State Agency Name: OCFS	
Contract Number: SOID 99	Agency Business Unit: CFS01
Contract Term: 3 51/18 to 3 51/22	Agency Department ID: 3400000
Contractor Name: Bruce H. Pavid, 90	
Contractor Address: 400 East 897 A. Description of Services Being Provided: Port 4	Hat 8J, New Xort, NX 10128 Satric Services

Scope of Contract (Choose one that b	est fits):		
D Analysis D Evaluation D Resea	•	Ű	
Data Processing      Computer Prog		s Ther IT consulting	
G Engineering D Architect Services	-	E Environmental Sei	Nices
E Health Scrviccs	· • •		
C Accounting C Auditing U Paral		D Other Consulting	
Employment Category	Number of	Number of	Amount Payable
, <b>_</b> ,	Employees	Hours Worked	Under the Contract
Brechistint	Q.DD	J 00.00	\$ 137, 5030.00
29-1056.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	\$ 0.00
Grand Total	1	500	\$ 137.502\$

Name of person who prepared this report: Bruce H. David / P.O. Title: Prychiatrict Phone #: 347 302 3034 Preparer's Signature:

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020						
Report Period. April 1, 2019 to Warch 31, 2020Contracting State Agency Name: OCFS Contract Number: $SO/O2O/$ Agency Business Unit: CFS01 Agency Department ID: 3400000Contract Term: $4/1/1/9$ to $3/3/29$ Agency Department ID: 3400000Contractor Name: Snehal R Sheth MD Contractor Address: 454 Country Club Lane, Kingston, NY, 12401Description of Services Being Provided: Paychiatric Services						
Analysis     Evaluation     Realized in the services     Analysis     Analysis     Evaluation     Computer     Protect Services     Health Services     Mental Health	Data Processing Computer Programming Other IT consulting     Engineering Architect Services Surveying Environmental Services     Health Services Mental Health Services					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Proved in Key Sealling	1	167.43 hrs	\$ 47,717.55			
(Alshaple Re.)	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00 0.00 \$0.00					
	0.00	0.00	\$0.00			
0.00 0.00 \$0.00						
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	\$ 0.00			
Grand Total	1	167.43 hrs	\$ 47,717.55			

Name of person who prepared this report: Snehal R Sheth MD

U

Title: MD, Psychiatrist

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

Date Prepared: 4 Rol 20

Phone #: 845-797-5252

(Use additional pages, if necessary)

Page of

Contractor's	Annual Em	ultant Services ployment Repo to March 31, 2020	
Contracting State Agency Name: OC Contract Number: S010203 Contract Term: 10/01/2018 to 09 Contractor Name: Mark Cattalani, M Contractor Address: 28 East St., Ska Description of Services Being Provid	/30/2020 D aneateles, NY 13	Agency Business Ur Agency Department 152	
Data Processing     Computer P     Engineering     Architect Service     Health Services     Mental Health	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1066.00 Psychiatrist	1.00	344.80	\$101,716.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0. <b>0</b> 0
· · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	· 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	344.80	\$ 0.00

.

1 h.o. Preparer's Signature: Date Prepared: 04/26/202

Phone #: 617-365-2817

(Use additional pages, if necessary)

Page 1 of 1

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

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

Contracting State Agency Name: New	w York State Off		
Contract Number: PH65776		Agency Business Ur	
Contract Term: 11/01/2012 to 06/3		Agency Department	ID: 3400000
Contractor Name: Knowledge Builde			
Contractor Address: 1977 Western A	venue, Ste #1, A	Albany, NY 12202	
Description of Services Being Provide	ed: Programme	r	
Scope of Contract (Choose one that b	•	ining	
☐ Data Processing ☐ Computer Pro		Other IT consulting	
Engineering Architect Services	• _ • _		Sonicos
Health Services Mental Health	_ , ,		Services
		al 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1132	1.00	824.00	\$67,485.60
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
······································	0.00	0.00	\$0.00
	0.00	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	0.00 0.00	\$0.00 \$0.00 \$0.00

Name of person who prepared this report: Sanjay Kapalli

company

Title: Executive Vice President

Preparer's Signature:

Date Prepared: 04/30/2020

Phone #: 518-810-7478

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

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

Contracting State Agency Name: New York Stat	e Office of Children & Family Services (OCFS)
Contract Number: PH65776	Agency Business Unit: CFSU
Contract Term: 11/01/2012 to 06/30/2019	Agency Department ID: 3406666
Contractor Name: Knowledge Builders Inc	
Contractor Address: 1977 Western Avenue, Ste	#1, Albany, NY 12202
Description of Services Being Provided: Project	Manager
Scope of Contract (Choose one that best fits):	

$\square$ Analysis $\square$ Evaluation $\square$ Re	•	ning	
Data Processing Computer Pro	ogramming 🛛	Other IT consulting	!
Engineering Architect Services	s 🗌 Surveying	Environmental	Services
Health Services I Mental Health	Services		
Accounting Auditing Pa	ralegal 🗌 Leg	al Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1199.09	1.00	1,905.00	\$180,822.60
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,905.00	\$180,822.60
Grand Total	1.00	1,905	\$180,822.60

Samo

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Preparer's Signature:

Date Prepared: 04/30/2020

Phone #: 518-810-7478

(Use additional pages, if necessary)

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

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

Contracting State Agency Name: New Contract Number: PH65776 Contract Term: 11/01/2012 to 06/3 Contractor Name: Knowledge Builder Contractor Address: 1977 Western A Description of Services Being Provide	30/2019 rs Inc .venue, Ste #1, A	Agency Business Ur Agency Department	nit: CFSd1
<ul> <li>☑ Data Processing</li> <li>☑ Computer Pro</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Health Services</li> <li>□ Mental Health</li> </ul>	search	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1132	7.00	7,780.00	\$409,305.78
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	7.00	7,780.00	\$409,305.78
Grand Total	7.00	7,780	\$409,305.78

Bangen

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Preparer's Signature:

Date Prepared: 04/30/2020

Phone #: 518-810-7478

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

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

Contracting State Agency Name: Of Contract Number: PH65780 Contract Term: 10/1/18 to 6/30/19 Contractor Name: MVP Consulting P Contractor Address: 435 New Karner Description of Services Being Provide	) Ilus, Inc. r Road Albany, N	Agency Business Un Agency Department	
Data Processing     Computer Pro     Engineering     Architect Services     Health Services     Mental Health	search 🔲 Tra ogramming 🕅 s 🗌 Surveying		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1199.09	1.00	64.00	\$5,288.32
- dar	1.00	277.50	\$22,929.83
	1.00	364.50	\$30,118.64
	1.00	390.00	\$32,225.70
	1.00	409.50	\$33,836.99
	1.00	430.50	\$35,572.22
	1.00	230.00	\$19,004.90
	1.00	496.50	\$41,025.80
	1.00	466.00	\$38,505.58
	1.00	441.50	\$36,481.15
15-1131.00	1.00	448.00	\$33,568.64
	1.00	24.00	\$1,798.32
	1.00	537.00	\$40,237.41
Total this Page	13.00	4,579.00	\$370,593.50
Grand Total			

Name of person who prepared this report: Ilakumari Patel Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 5/4/20

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

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

Contracting State Agency Name: Office of Children and Family Services				
Contract Number: PH65780		Agency Business U	nit: CFS01	
Contract Term: 10/1/18 to 6/30/19	)	Agency Department	ID: 3400000	
Contractor Name: MVP Consulting P	lus, Inc.	-		
Contractor Address: 435 New Karner Road Albany, NY 12205				
Description of Services Being Provided: IT Consulting (Various)				
		····· ··· ··· ··· ··· ···· ··· ····		
Scope of Contract (Choose one that b	·	ining		
Data Processing Computer Pro		Other IT consulting		
Engineering Architect Services	• • •		Services	
Health Services			Services	
	ralegal 🗌 Leç	al 🗌 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1131.00	1.00	500.00	\$37,465.00	
	1.00	483.00	\$36,191.19	
	1.00	385.00	\$28,848.05	
	1.00	8.00	\$599.44	
	1.00	390.50	\$29,260.17	
	1.00	197.00	\$14,761.21	
· · · · · · · · · · · · · · · · · · ·	1.00	512.00	\$38,364.16	
	1.00	527.00	\$39,488.11	
	1.00	319.00	\$23,902.67	
	1.00	71.50	\$5,357.50	
	1.00	165.50	\$12,400.92	
	1.00	72.00	\$5,394.96	
	1.00	515.00	\$38,588.95	
Total this Page	13.00	4,145.50	\$310,622.33	
Grand Total				

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 5/4/20

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

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

Contracting State Agency Name: Office of Children and Family Services				
Contract Number: PH65780		Agency Business U	nit: CFS01	
Contract Term: 10/1/18 to 6/30/19	)	Agency Department		
Contractor Name: MVP Consulting P				
Contractor Address: 435 New Karner Road Albany, NY 12205				
Description of Services Being Provided: IT Consulting (Various)				
,				
Scope of Contract (Choose one that b	•			
		ining		
Data Processing Computer Pro		Other IT consulting		
Engineering Architect Services	s 🗌 Surveying	g 🔲 Environmental	Services	
🛄 Health Services 🛛 🗌 Mental Health	Services			
Accounting Auditing Pa	ralegal 🗌 Leg	al 🗌 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1131.00	1.00	480.00	\$35,966.40	
	1.00	496.00	\$37,165.28	
	1.00	457.00	\$34,243.01	
	1.00	508.00	\$38,064.44	
· · · · · · · · · · · · · · · · · · ·	1.00	503.50	\$37,727.26	
	1.00	480.00	\$35,966.40	
	1.00	437.00	\$32,744.41	
<b></b>	, <b>1.00</b>	496.00	\$37,165.28	
	1.00	503.00	\$37,689.79	
	1.00	488.00	\$36,565.84	
	1.00	422.00	\$31,620.46	
	1.00	470.50	\$35,254.57	
	1.00	475.00	\$35,591.75	
Total this Page	13.00	6,216.00	\$465,764.89	
Grand Total				

Name of person who prepared this report: Ilakumari Patel Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 5/4/20

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

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

Contracting State Agency Name: Office of Children and Family Services Contract Number: PH65780 Agency Business Unit: CFS01				
Contract Term: 10/1/18 to 6/30/19	)	Agency Department		
Contractor Name: MVP Consulting P				
Contractor Address: 435 New Karner Road Albany, NY 12205				
Description of Services Being Provided: IT Consulting (Various)				
		3 ( 1 2 2 2 2 )		
		<u> </u>		
Scope of Contract (Choose one that b	·	ining		
Analysis  Evaluation Re Data Processing Computer Pro		ining Other IT consulting		
			Somioos	
Engineering Architect Services	_ , ,		361 VILE3	
	ralegal 🗌 Leg	gal 🔲 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1131.00	1.00	420.00	\$31,470.60	
	1.00	365.00	\$27,349.45	
	1.00	496.00	\$37,165.28	
	1.00	496.00	\$37,165.28	
	1.00	460.00	\$34,467.80	
	1.00	280.00	\$20,980.40	
	1.00	504.00	\$37,764.72	
	1.00	489.00	\$36,640.77	
	1.00	447.00	\$33,493.71	
	1.00	404.00	\$30,271.72	
	1.00	405.75	\$30,402.85	
· · · · · · · · · · · · · · · · · · ·	1.00	500.25	\$37,483.73	
	1.00	380.25	\$28,492.13	
Total this Page	13.00	5,647.25	\$423,148.44	
Grand Total				

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 5/4/20

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

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

Contracting State Agency Name: Of	fice of Children a	•			
Contract Number: PH65780		Agency Business U			
Contract Term: 10/1/18 to 6/30/19	)	Agency Department	ID: 3400000		
Contractor Name: MVP Consulting P	lus, Inc.				
Contractor Address: 435 New Karner	Contractor Address: 435 New Karner Road Albany, NY 12205				
Description of Services Being Provided: IT Consulting (Various)					
		•			
		· · · · · · · · · · · · · · · · · · ·			
Scope of Contract (Choose one that b	•	·			
		ining			
Data Processing Computer Pro		Other IT consulting			
Engineering Architect Services		g 🔲 Environmental	Services		
Health Services I Mental Health					
Accounting Auditing Pa	ralegal 🗌 Leg	gal 🗌 Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1131.00	1.00	411.00	\$30,796.23		
	1.00	448.00	\$33,568.64		
	1.00	494.00	\$37,015.42		
	1.00	441.50	\$33,081.60		
	1.00	433.75	\$32,500.89		
	1.00	501.25	\$37,558.66		
	1.00	442.00	\$33,119.06		
15-1199.01	1.00	503.50	\$24,550.66		
	1.00	512.00	\$24,965.12		
	1.00	47.50	\$2,316.10		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
Total this Page	10.00	4,234.50	\$289,472.38		
Grand Total	62.00	24,822.25	\$1,859,601.54		

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 5/4/20

Fax: 18887676418

то:

Fax: (518) 474-8030

AC 3272-S (Effective 4/12)

#### FORM B

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 2020	
Contracting State Agency Name: Contract Number: PH 65782 Contract Term: 11/01/2012 to 06/ Contractor Name: PSI International I Contractor Address: 11200 Waples M Description of Services Being Provid	30/2019 nc. /iill Rd, Suite 200	en & Family Services Agency Business Ur Agency Department Fairfax, VA 22030	nit: CFS01 ID: 3400000
Data Processing Computer Pr Engineering Architect Services Health Services Mental Health	search	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Computer Programmers	18	17,226.75	\$1,315,899.38
Computer Systems Analysts	24	24,091.80	
Computer Systems Analysis	24	24,031.00	\$1,546,579. <u>6</u> 8
Computer Systems Analysis	24	1,577.25	\$1,546,579.68 \$138,955.73
	h		
Computer Systems Architects	1	1,577.25	\$138,955.73
Computer Systems Architects Computer User Support Specialists	1 18	1,577.25 19,829.50	\$138,955.73 \$1,178,300.34
Computer Systems Architects Computer User Support Specialists IT Project Managers	1 18 1	1,577.25 19,829.50 1,361.50	\$138,955.73 \$1,178,300.34 \$129,015.74
Computer Systems Architects Computer User Support Specialists IT Project Managers	1 18 1	1,577.25 19,829.50 1,361.50	\$138,955.73 \$1,178,300.34 \$129,015.74
Computer Systems Architects Computer User Support Specialists IT Project Managers	1 18 1	1,577.25 19,829.50 1,361.50	\$138,955.73 \$1,178,300.34 \$129,015.74
Computer Systems Architects Computer User Support Specialists IT Project Managers	1 18 1	1,577.25 19,829.50 1,361.50	\$138,955.73 \$1,178,300.34 \$129,015.74
Computer Systems Architects Computer User Support Specialists IT Project Managers	1 18 1	1,577.25 19,829.50 1,361.50	\$138,955.73 \$1,178,300.34 \$129,015.74
Computer Systems Architects Computer User Support Specialists IT Project Managers	1 18 1	1,577.25 19,829.50 1,361.50	\$138,955.73 \$1,178,300.34 \$129,015.74

Name of person who prepared this report: Jasmin Bertulfo

Bertrul

?

Title: Accountant

Phone #: 703.621.5849

Preparer's Signature:

Date Prepared: 05/08/2020

(Use additional pages, if necessary)

Page 1 of 1

Contractor's	Annual Em	ultant Services ployment Repo to March 31, 202	
Contracting State Agency Name: Contract Number: PH68607 Contract Term: 07/01/2019 to 06/3 Contractor Name: Crossfire Consultin Contractor Address: 1940 Commerce Description of Services Being Provide	ng Corp e Street, Yorktow	-	ID: SYODOOJ
Data Processing     Computer Pro     Engineering     Architect Services     Health Services     Mental Health	search		
	Number of	Number of	
Employment Category		Number of Hours Worked	Amount Payable Under the Contract
Employment Category Software Analyst	Employees		
	Employees	Hours Worked	Under the Contract
	Employees 1.00	Hours Worked 0.00	Under the Contract \$0.00
	Employees 1.00 0.00	Hours Worked 0.00 0.00	Under the Contract \$0.00 \$0.00
	Employees 1.00 0.00 0.00	Hours Worked 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00	Hours Worked 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Software Analyst	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Jessica Mazzeo

Title: CEO

 Phone #: 914-302-2900

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020			
Contracting State Agency Name: NYS Office of Children and Family Services (OCFS) Contract Number: PH68613 Agency Business Unit: $CFSO$   Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: $2900000$ Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202 Description of Services Being Provided: Business Analyst			
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Employment Category			
	Employees	Hours Worked	Under the Contract
	Employees 1.00	Hours Worked 801.50	Under the Contract \$57,708.00
	Employees 1.00 0.00	Hours Worked 801.50 0.00	Under the Contract \$57,708.00 \$0.00
	Employees 1.00 0.00 0.00	Hours Worked 801.50 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00	Hours Worked 801.50 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
15-1121	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 801.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$57,708.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Sanjay Kapalli

Sama

Title: Executive Vice President

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

Date Prepared: 04/30/2020

Phone #: 518-810-7478

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020			
Contracting State Agency Name: NYS Office of Children and Family Services (OCFS) Contract Number: PH68613 Agency Business Unit: (FS&( Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: 3 YODOG Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202 Description of Services Being Provided: IT 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       Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1132	9.00	6,795.75	\$371,540.39
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$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	9.00	6,795.75	\$371,540.39
Grand Total	9.00	6,795	\$371,540.39

Name of person who prepared this report: Sanjay Kapalli

Samo

.

Title: Executive Vice President

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

Date Prepared: 04/30/2020

Phone #: 518-810-7478

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Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)Contract Number: PH68613Agency Business Unit: CPSO (			
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       Other Consulting         Accounting       Auditing       Paralegal       Legal			
Number of         Number of         Amount Payable           Employment Category         Employees         Hours Worked         Under the Contract			
15-1199.02 1.00 710.50 \$62,282.			
0.00 0.00 \$0.			
0.00 0.00 \$0.			
· 0.00 0.00 \$0.			
0.00 0.00 \$0.			
0.00 0.00 \$0.			
0.00 0.00 \$0.			
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0.00 0.00 \$0.			
0.00 0.00 \$0.			
0.00 0.00 \$0.			
0.00         0.00         \$0.           0.00         0.00         \$0.			
Total this Page         1.00         710.50         \$62,282.56           Grand Total         1.00         710         \$62,282.56			

Name of person who prepared this report: Sanjay Kapalli

Samo

Title: Executive Vice President

Preparer's Signature: \_\_

Date Prepared: 04/30/2020

Phone #: 518-810-7478

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

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

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS) Contract Number: PH68613 Agency Business Unit: CFS of Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: 3700056 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202 Description of Services Being Provided: Software Manager				
Scope of Contract (Choose one that best fits):         Image: Analysis in the second structure in the second structur				
Engineering Architect Services	_ , ,	g 🔲 Environmental	Services	
Health Services Mental Health				
Accounting Auditing Pa	ralegal 🗌 Leç	al 🗌 Other Consul		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1199.09	1.00	878.00	\$73,752.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	878.00	\$73,752.00	
Grand Total	1.00	878	\$73,752.00	

Name of person who prepared this report: Sanjay Kapalli

Samo

Title: Executive Vice President

Preparer's Signature: \_

Date Prepared: 04/30/2020

Phone #: 518-810-7478

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

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

Contracting State Agency Name: Office of Children and Family Services			
Contract Number: PH68617 Agency Business Unit: CFS01			
Contract Term: 7/1/19 to 6/30/24 Agency Department ID: 3400000			ID: 3400000
Contractor Name: MVP Consulting Plus, Inc.			
Contractor Address: 435 New Karner Road Albany, NY 12205			
Description of Services Being Provided: IT Consulting (Various)			
Scope of Contract (Choose one that b	act fite):		
	•	ining	
Data Processing     Computer Pro		Other IT consulting	
Engineering     Architect Services	• •		Services
Health Services Mental Health	_ , ,		
—			ting
Accounting Auditing Paralegal Legal Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.00	1.00	168.00	\$10,293.36
	1.00	496.00	\$30,389.92
	1.00	456.00	\$27,939.12
	1.00	7.50	\$459.53
	1.00	376.75	\$23,083.47
	1.00	419.00	\$25,672.13
	1.00	420.00	\$25,733.40
	1.00	488.00	\$29,899.76
	1.00	432.00	\$28,131.84
	1.00	496.00	\$32,299.52
	1.00	384.50	\$25,038.64
	1.00	434.00	\$28,262.08
15-1151.00	1.00	352.00	\$19,145.28
Total this Page	13.00	4,929.75	\$306,348.05
Grand Total			

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 4/29/20

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

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

Contracting State Agency Name: Office of Children and Family Services			
Contract Number: PH68617 Agency Business Unit: CFS01			
Contract Term: 7/1/19 to 6/30/24		Agency Department ID: 3400000	
Contractor Name: MVP Consulting Plus, Inc.			
Contractor Address: 435 New Karner Road Albany, NY 12205			
Description of Services Being Provided: IT Consulting (Various)			
Scope of Contract (Choose one that b			
	•	ining	
Data Processing Computer Pro		Other IT consulting	
Engineering Architect Services		_	Services
Health Services Mental Health			
	ralegal 🗌 Leg	al 🔲 Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
15-1151.00	1.00	488.00	\$26,542.32
	1.00	336.00	\$18,275.04
	1.00	480.00	. \$26,107.20
	1.00	328.00	\$17,839.92
	1.00	488.00	\$26,542.32
	1.00	184.00	\$9,531.20
	1.00	493.00	\$25,537.40
	1.00	376.00	\$20,450.64
	1.00	496.00	\$26,977.44
	1.00	352.00	\$19,145.28
	1.00	448.00	\$24,366.72
	1.00	376.00	\$19,476.80
15-1142.00	1.00	128.00	\$9,149.44
Total this Page	13.00	4,973.00	\$269,941.72
Grand Total			

Name of person who prepared this report: Ilakumari Patel Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 4/29/20

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

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

Contracting State Agency Name: Office of Children and Family ServicesContract Number: PH68617Agency Business Unit: CFS01Contract Term: 7/1/19 to 6/30/24Agency Department ID: 3400000Contractor Name: MVP Consulting Plus, Inc.Contractor Address: 435 New Karner Road Albany, NY 12205Description of Services Being Provided: IT Consulting (Various)					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1142.00	1.00	419.00	\$29,950.12		
15-1199.02	1.00	232.00	\$19,928.80		
	1.00	495.75	\$42,584.93		
15-1131.00	1.00	16.00	\$1,143.68		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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         4.00         1,162.75         \$93,607.53				
Grand Total	30.00	11,065.50	\$669,897.30		

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

1

Phone #: 518-218-1700

Preparer's Signature: IN Pater Date Prepared: 4/29/20

Contractor's	Annual Em	ultant Services <b>ployment Rep</b> to March 31, 202	•	
Contracting State Agency Name: Office of Children and Family Services Contract Number: PH68631 Agency Business Unit: OCFS Contract Term: 7/1/2019 to 6/30/2024 Agency Department ID: 2400000 Contractor Name: Trigyn Technologies, Inc. Contractor Address: 100 Metroplex Drive, Suite 101,Edison, NJ 08817 Description of Services Being Provided: Hourly Based Information Technology Services				
Analysis Evaluation Re Analysis Computer Pr Cata Processing Computer Pr Cata Processing Architect Services Catal Health Services Mental Health	<ul> <li>□ Data Processing</li> <li>□ Computer Programming</li> <li>□ Other IT consulting</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Surveying</li> <li>□ Environmental Services</li> <li>□ Health Services</li> <li>□ Mental Health Services</li> </ul>			
Number of Number of Amount Payable				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Employment Category Programmer - Expert				
	Employees	Hours Worked	Under the Contract	
	Employees 1.00	Hours Worked 821.00	Under the Contract \$64,998.57	
	Employees 1.00 0.00	Hours Worked 821.00 0.00	Under the Contract \$64,998.57 \$0.00	
	Employees 1.00 0.00 0.00	Hours Worked 821.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 821.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$64,998.57 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	

· le.

Name of person who prepared this report: Thomas Gordon

Title: Sr. Vice President

Preparer's Signature:

Date Prepared: 5/6/2020

Phone #: 732-777-4608

(Use additional pages, if necessary)

New York State Cons Contractor's Annual Er	
Report Period: April 1, 201	9 to March 31, 2020 \
Contracting State Agency Name: NYS OCFS	ŝ
Contract Number: PNZOSAB	Agency Business Unit:
Contract Term: $2/1/19$ to $3/31/21$ Contractor Name: New York State Technology Enterpri Contractor Address: 99 Otis Street, 2 <sup>nd</sup> Floor, Rome, NY	
Description of Services Being Provided: CCWIS Dlanning Fervice	9
Scope of Contract (Choose one that best fits):	
Analysis Evaluation Research	Training
Data Processing     Computer Programming	⊠Other IT consulting
Engineering Architect Services Survey	eying 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	8	687.7.5	\$115,289.35
Total this page	8	687.75	\$ 115,289.35
Grand Total	8	687.75	\$ 115,289.35

7A0682

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

**Title: Contracts Manager** 

**Preparer's Signature:** 

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

Date Prepared: 5/12/2020

(Use additional pages, if necessary) -

Page 1 of 1

# FORM B

	Annual Em	ultant Services ployment Repo to March 31,	ort
Contracting State Agency Name: OC Contract Number: TO 1189 Contract Term: Y1112019 to 3 Contractor Name: Tanya D M Contractor Address: 39 M(east Description of Services Being Provide	3 3#/2020 Laur HN A	Agency Business Ur Agency Department ULL Drive Hods YW	ID: 3400000
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1064.00	0.00	0:00	\$0.00
Obstetniumanlane	levite \$.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
·	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	. 0.00	0.00	\$0.00
	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	\$ 0.00
Grand Total	7_	1968	9000

Name of person who prepared this report:

Title: CEO/Dunce Preparer's Signature: Date Prepared: 5 14 2020

Phone #: 518 965 0145

(Use additional pages, if necessary)

Page of

Contractor's	Annual Em	ultant Services ployment Repo to March 31, 2020	
Contracting State Agency Name: OCFS         Contract Number: T011965       Agency Business Unit: CFS01         Contract Term: 03/01/2018 to 02/29/2020       Agency Department ID: 3400000         Contractor Name: E A Torrado DDS PC       Contractor Address: 1655 Elmwood Ave Ste 215 Rochester NY 14620         Description of Services Being Provided: Dental Services			
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	Employees		
	Employees	Hours Worked	Under the Contract
	Employees 1.00	Hours Worked 68.00	Under the Contract \$12,000.00
Employment Category 29-1024.00 Prosthodontist	Employees 1.00 0.00	Hours Worked 68.00 0.00	Under the Contract \$12,000.00 \$0.00
	Employees 1.00 0.00 0.00	Hours Worked 68.00 0.00 0.00	Under the Contract \$12,000.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00	Hours Worked 68.00 0.00 0.00 0.00	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1024.00 Prosthodontist	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 68.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$12,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Peter Burnett

ala

Title: Practice Manager

5

Phone #: 585-442-1900

Preparer's Signature:

(Use additional pages, if necessary)

#### FORM B

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

Contracting State Agency Name: OCFS	
Contract Number: T011982	Agency Business Unit: CFS01
Contract Term: 04/01/2019 to 05/31/2019	Agency Department ID: 3400000
Contractor Name: National Eye Care, Inc.	

Contractor Address: 5160 Kinloch Circle Fayetteville, NY 13066 Description of Services Being Provided: Optometry

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 Other Consulting Legal

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Optometrist	5	36.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
····	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	\$ 0.00
Grand Total	5	36	\$3780.00

angula Guin

Name of person who prepared this report: Angela Gavin

Title: Office Manager

Phone #: 518-302-5578

Preparer's Signature:

Date Prepared: 05/04/2020

https://docs.google.com/document/d/1qSWPKrFkH5OtT-ZCuAzuS6x2PDaW42BxngeXvP5Vhug/edit#

# FO

FORM B			
Contractor's	Annual Em	ultant Services ployment Repo to March 31, 2020	
Contracting State Agency Name: Offi Contract Number: PH68629 Contract Term: 08/27/2019 to 08/2 Contractor Name: Tech Valley Talent Contractor Address: 20 Prospect St, Description of Services Being Provide	27/2021 : Ballson Spa NY	Agency Business Un Agency Department 12020	nit: CFS01 ID: 3400000
Data Processing Computer Pro     Engineering Architect Services     Health Services Mental Health	search 🗌 Trai ogramming 🛛 s 🗍 Surveying		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1152.00 Computer Network Support Specialists	4.00	3,295.00	\$223,954.14
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	<sup>/</sup> 0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	4.00	3,295.00	\$223,954.14
Grand Total	4.00	3,295	\$223,955.14

Name of person who prepared this report: Jennifer Duane

Title: Administrative Assistant

Zran Preparer's Signature: МИ Date Prepared: 05/11/2020

Phone #: 518-882-0001 x113

(Use additional pages, if necessary)

Page of

New York	State Consultant Service	es
Contractor's	Annual Employment R	eport

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

Contracting State Agency Name: OCFSContract Number: T012129Agency Business Unit: CFS01Contract Term: 10/01/2018 to 09/30/2022Agency Department ID: 3400000Contractor Name: Auburn Pediatrics, PLLCContractor Address: 75 Genesee St Auburn, NY 13021Description of Services Being Provided: Medical Services at Harriet Tubman				
□ Data Processing □ Computer Pro □ Engineering □ Architect Services ☑ Health Services □ Mental Health	search			
<b>_</b>	Number of	Number of	Amount Payable	
Employment Category	Employees	Hours Worked	Under the Contract	
29-1065.00	1.00	30.00	\$12,000.00	
29-1171.00	2.00	112.33	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	3.00	142.33	\$12,000.00	
Grand Total	3.00	142	\$12,000.00	

Name of person who prepared this report: Lauren A Reed

Title: Office Manager Preparer's Signature: Phone #: 315-255-2255

Date Prepared: 4/21/2020

#### FORM B

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

Report Period: April 1, to I

to March 31,

Contracting State Agency Name: OCFS Contract Number: T012155 Contract Term: 04/01/2019 to 05/31/2019 Contractor Name: National Eye Care, Inc.

Agency Business Unit: CFS01 Agency Department ID: 3400000

Contractor Address: 5160 Kinloch Circle Fayetteville, NY 13066 Description of Services Being Provided: Optometry

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
 D Mental Health Services

□ Accounting □ Auditing □ Paralegal □ Legal □ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Optometrist	. 5	8.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
•	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
<u>, , , , , , , , , , , , , , , , , , , </u>	0.00	0.00	\$0.00
· · · ·	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.0
Grand Total	5	. 36	\$420.00

Name of person who prepared this report: Angela Gavin

Title: Office Manager

ngua Garn

Phone #: 518-302-5578

Preparer's Signature:

Date Prepared: 05/04/2020

https://docs.google.com/document/d/1qSWPKrFkH5OtT-ZCuAzuS6x2PDaW42BxngeXvP5Vhug/edit#

#### FORM B

Contractor's	Annual Em	Itant Services ployment Repo to March 31, 2020	
Contracting State Agency Name: OC	FS		
Contract Number: T012171		Agency Business Ur	nit: CFS01
Contract Term: 10/01/2018 to 01/	31/2020	Agency Department	ID: 3400000
Contractor Name: Abraham Nussbau	um		•
Contractor Address: 82 Hapeman Hi	II Road, Red Hoo	ok, NY 12571	
Description of Services Being Provid	led: Medical Serv	vices	
	•		
Scope of Contract (Choose one that b         Analysis       Evaluation         Data Processing       Computer Pr         Engineering       Architect Services         Health Services       Mental Health         Accounting       Auditing ( Page 1)	esearch	_	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Health Services 29-1069.08	1.00	140.00	\$15,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	. 0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· ·	0.00	0.00	\$0.00
	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	140.00	\$15,000.00
Grand Total			

Name of person who prepared this report: Abraham Nussbaum

25

Title: MD

Preparer's Signature:

Date Prepared: 04/18/2020

(Use additional pages, if necessary)

Phone #: 9173751437

Page

of

# FORM B

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1,				
Contracting State Agency Name: OC Contract Number: TOI2191 Contract Term: 11199 to DI Contractor Name: Robert Br Contractor Address: 328 Winth Description of Services Being Provide Physician SOP	51123	= IThing . 5 runse pla	ID: 3400000	
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
physician Contrator	5elp 0.00	20 hours 0.00	₱ 8,400 \$0.00	
amily physicia	0 0.00	0.00	\$0.00	
( page 2	0.00	0.00	\$0.00	
29-1062-00	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	. 0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
·	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	\$ 0.00	
Grand Total	·	20/0000	8400	
Grand Total Additional Name of person who prepared this report: Title: MD Preparer's Signature: Date Prepared: 11 Harding Additional Additio				

(Use additional pages, if necessary)

Page of

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020					
Contracting State Agency Name: OCFSContract Number: T012201Agency Business Unit: CFS01Contract Term: 1/1/2019 to 12/31/2023Agency Department ID: 3400000Contractor Name: Yaws Environmental Process Control, IncContractor Address: 951 East Shore DriveDescription of Services Being Provided: Wastewater Treatment					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
51-8031.00	1.00	52.00	9,000.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	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	52.00	\$9,000.00		
Grand Total	1.00	52	\$9,000.00		

Name of person who prepared this report: Lauri Smith

Title: President

Smil 20Un Preparer's Signature; Date Prepared: 4/27/2020

Phone #: 607-227-1696

(Use additional names if necessary)

Page of

	New York State Consultant Services Contractor's Annual Employment Report					
	Report Period: April 1, to March 31, 41119-103119					
	Contracting State Agency Name: OCFS BHS					
	Contract Number: TOIOE			ess Unit: CFS01		
	Contract Term: 1/110-	183119	Agency Depar	tment ID: 34000	00	
	Contractor Name:	mM 700	neuxic	0		
	Contractor Address: 1070	XOVQEE	ndines	Dr. Scher	45 acry NY 12308	
	Description of Services Being					
	OCFS BHS	DavialC	onsuit	ALT		
	~					
	Scope of Contract (Choose or	e that best fits):				
		earch Training				
	• •	• •	ther IT consultin	•		
Dectal	Engineering Architect Servic Health Services Mental Heal		Environmenta	II Services		
Dental (		alegat Legal	Other Consultir	ng		
	Employment Category Employees Hours Worked Under the Contract					
)andal ·	J9.2021	<u> </u>	318.25	11,138.	15	
iyananst		0.00		\$0.00		
Marin		0.00	0.00	<b>6</b> 0.00	\$0.00	
		0.00	0.00	\$0.00 \$0.00		
	<u>_</u>	0.00	0.00	\$0.00		
		0.00	0.00	\$0.00		
		0.00	0.00	\$0.00		
		0.00	0.00	\$0.00		
		0.00	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		
	Grand Total		318.25	11,138.	15	
	Name of person who prepared this report: Jucuth M Zeleneur Ch 20H					

Title: OCFS BHS Doutdl Consultant Phone #: 518-577-5017 Preparer's Signature DR DR 142. PDH Date Prepared: // (Use additional pages, if necessary)

Page of

2

		to March 31, 202				
Contracting State Agency Name: OC Contract Number: TO12216 Contract Term: 3 / //2019 to 2/ Contractor Name: DAVID V. M Contractor Address: 3   BEKGEN Description of Services Being Provid	128 2021 ALTCKE WOODS DR. Bi led:	Agency Business Un Agency Department	ID: 3400000			
Scope of Contract (Choose one that I			· · · · · · · · · · · · · · · · · · ·			
Analysis     Computer Pl     Data Processing     Computer Pl		ining Other IT consulting	· · ·			
Engineering Architect Service		- · ·	Services			
I Health Services I Mental Health						
Accounting Auditing Pa	aralegal 🗌 Leg	al 🔄 🗌 Other Consul	ting .			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
DENTIST 29-1021.00	0.59	66 0.00	\$ 2.000 / MONTHAS			
	0.00	0.00	\$0.00			
·	0.00	0.00	\$0.00			
· · · · · · · · · · · · · · · · · · ·	0.00	. 0.00	\$0.00			
	0.00	0.00	\$0.00			
· · · · · · · · · · · · · · · · · · ·	0.00	· 0.00	. \$0.00			
·	0.00	0.00	\$0.00			
	0.00	0.00	\$0:00			
	0.00	0.00	\$0.00			
	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 Dage						
Total this Page Grand Total	††	•	\$ 24;000			

jetch.

Title: DENTIST Preparer's Signature: Date Prepared: 4/17/2020

(Use additional pages, if necessary)

Page of

#### FORM B

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

Report Period: April 1,

to March 31,

**Contracting State Agency Name: OCFS** Contract Number: T01224 Contract Term: 06/01/20109 to 03/31/2020 Contractor Name: National Eye Care, Inc.

Agency Business Unit: CFS01 Agency Department ID: 3400000

Contractor Address: 5160 Kinloch Circle Fayetteville, NY 13066 Description of Services Being Provided: Optometry

Scope of Contract (Choose one that best fits):

□ Analvsis Evaluation □ Research Training

Data Processing Computer Programming □ Other IT consulting

□ Engineering □ Architect Services □ Surveying Environmental Services

Health Services Mental Health Services

□ Accounting D Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Optometrist	5	184.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
····	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	\$ 0.00
Grand Total	5	184	\$18750.00

Name of person who prepared this report: Angela Gavin

Title: Office Manager

Phone #: 518-302-5578

Preparer's Signature:

angula bacin

Date Prepared: 05/04/2020

https://docs.google.com/document/d/1qSWPKrFkH5OtT-ZCuAzuS6x2PDaW42BxngeXvP5Vhug/edit#

	New Yor	k State Cons	ultant Serv	vices	
	Contractor'				
	Report	1,1110000-	3313110000		
	L'	· · · · ·			
	Contracting State Agency Na	me: OCFS Br	Ð		
	Contract Number: TOIC		Agency Busin		
	Contract Term: 1120 -	1431120		tment ID: 3400000	
	-		• • •		
	Contractor Address: 107	Cicrol F	endries	Dr. Schence	rady NY 12303
	Description of Services Being				
	OCFS BHS	Dental (	DASILL	rant	
	Scope of Contract (Choose of	ne that best fits):			
		earch Training			
		• •	Other IT consultin	-	
(Decta)	Engineering Architect Service Health Services Mental Health	ces Surveying	Environmenta	· · · ·	
Uental (		analegal Legal Other Consulting			
		Number of	Number of	Amount Payable	
Dental	Employment Category	Employees	Hours Worked		
Dontal	29.2021	<u> </u>	2.066	8134.00	
noiconsu	FAIT	0.00	<b></b>	\$0.00	
		0.00	0.00	\$0.00 \$0.00	
		0.00	0.00	\$0.00	
•		0.00	0.00	\$0.00	
	· · · ·	0.00	0.00	\$0.00	
		0.00	0.00	\$0.00	· ·
		0.00	0.00	\$0.00	
		0.00	0.00	\$0.00	
		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	<b></b>	\$ 0.00	
	Grand Total	<u> </u>	12265	8154.00	1
	Name of person who prepare		Ni the m	7 dener in ser	19C71
	Title: OCFS 13HS	VCr3010			775017
	Preparer's Signature	-JIDLL	egit 1	RDH	
	Data Branarad: //	) <u>)</u> )	V Y		

Preparer's Signature: Date Prepared: // 4)1712D (Use additional pages, if necessary)

Page of

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#### FORM B

Contractor's	Annual Em	Itant Services ployment Repo to March 31, 2020	
Contracting State Agency Name: OC Contract Number: T012302 Contract Term: 02/01/2020 to 01/3 Contractor Name: Abraham Nussbau Contractor Address: 82 Hapeman Hil Description of Services Being Provide	31/2021 um II Road, Red Hoo		•
Scope of Contract (Choose one that b         Analysis       Evaluation         Data Processing       Computer Processing         Engineering       Architect Services         Health Services       Mental Health         Accounting       Auditing       Pa	search	· .	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Health Services 29-1069.08	. 1.00	. 28.00	\$5,000.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
A. 1997 1	0.00	0.00	\$0.00
	0.00	. 0.00	\$0.00
	0.00	.0.00	\$0.00
	0.00	0.00	\$0.00
<b>b</b>	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	· 0.00	\$0.00
	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	28.00	\$5,000.00

Name of person who prepared this report. Abraham Nussbaum

Title: MD

Preparer's Signature:

Date Prepared: 04/18/2020

(Use additional pages, if necessary)

Page -

•.

Phone #: 9173751437

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020						
Contracting State Agency Name: OCFS         Contract Number: T012306       Agency Business Unit: CFS01         Contract Term: 3/1/2020 to 2//28/2021       Agency Department ID: 3400000         Contractor Name: American Mobile Dental       Contractor Address: 76 Progress Dr Ste 123 Stamford CT06902         Description of Services Being Provided: Dental						
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
31-9092.00	7.00	208.00	\$32,400.00			
29-1021.00	1.00	208.00	\$0.00			
31-9091.00	7.00	208.00	\$0.00			
	0.00	0.00				
0.00 0.00 \$0.00						
	· · · · · ·	0.00	\$0.00 \$0.00			
	· · · · · ·					
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00			
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00			
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
Total this Page Grand Total	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			

Name of person who prepared this report: Carole Tortorici

Title: Regional Director

Phone #: 315-515-3015

Preparer's Signature: <u>MMU Soptopuu</u> Date Prepared: 04/15/2020

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2019 to March 31, 2020					
Contracting State Agency Name: OCFSContract Number: t012308Agency Business Unit: CFS01Contract Term: 3/1/2020 to 2/28/2025Agency Department ID: 3400000Contractor Name: Pediatric Cardiology AssociatesContractor Address: 725 Irving Ave. Suite 804 Syracuse, NY 13210Description of Services Being Provided: Pediatric EKG reads					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Surveying       Environmental Services         Health Services       Mental Health Services         Accounting       Paralegal       Other Consulting					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Pediatric Cardiologists	6.00	4.00	\$450.00		
	0.00	. 0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	· 0.00	0.00	\$0.00		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00 \$0.00		
	0.00	0.00	\$0.00		
	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	6.00	4.00	\$ 450.00		

Name of person who prepared this report: Jacquelyn Cage

Title: Manager/Administrator

Preparer's Signature: \_\_\_\_\_\_\_ Date Prepared: 04/15/2020 Phone #: 315-414-2781

(Use additional pages, if necessary)

Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, Jorନ୍to March 31, ၂୦ J୦					
Contracting State Agency Name: OCFS Contract Number: TO12309 Agency Business Unit: CFS01 Contract Term: 3/1/20 to 2/28/25 Agency Department ID: 3400000 Contractor Name: Capital District Redeative Cardedos Associates Contractor Address: 319 S. Manning Blind. #203, Albany, NY 1220 Description of Services Being Provided: EKG Reading					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Employment Category	Number of Employees	Number of Hou <i>r</i> s Worked	Amount Payable Under the Contract		
Physician 29, 1069,00	4 0.00	9 0.00	第757, 空 \$0.00		
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Total this Daga	0.00	0.00	\$0.00		
Total this Page Grand Total	0.00 4	0.00 9	\$ 0.00 \$ 757, 50		

Name of person who prepared this report: Steven Kameniv MD Title: President Hender Preparer's Signature: <u>Hender</u>

Date Prepared: 4/16 2020

(Use additional pages, if necessary)

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