# CONSULTANT DISCLOSURE REPORTING REQUIREMENTS CONTRACTOR INSTRUCTIONS

## **Background:**

Pursuant to New York State Finance Law Section 163(4)(g), state agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract, such report to include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

- Contractors selected for award on the basis of a procurement issued by the New York State Department of Health (NYSDOH) (Request for Proposals, Mini-Bid, or Invitation for Bids) must complete Form A, State Consultant Services – Contractor's Planned Employment from Contract Start Date through the End of the Contract Term upon entering into contract with NYSDOH. The completed Form A must include information for all employees that will be providing services under the contract, whether employed by the contractor or by a subcontractor.
- Further, Contractors selected for award are required to complete Form B, State
   Consultant Services Contractor's Annual Employment Report annually for each year
   of the contract term, on a State fiscal year basis. The first report is due on May 15
   for the period April 1 through March 31.

Both Forms are attached to this document.

### **FORM A INSTRUCTIONS:**

<u>Upon entering into a contract with NYSDOH</u>, use Form A, State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term, attached to these instructions, to report the necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

Complete Form A for contracts for consulting services in accordance with the following:

• **Employment category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees anticipated to be providing services under the contract.

(Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <a href="www.online.onetcenter.org">www.online.onetcenter.org</a> to find a list of occupations.)

- Number of employees: the total number of employees in the employment category anticipated to be employed to provide services under the contract, including part time employees and employees of subcontractors.
- **Number of hours to be worked:** the total number of hours anticipated be worked by the employees in the employment category.
- Amount payable under the contract: the total amount payable by the State to the State
  contractor under the contract, for work by the employees in the employment category,
  for services provided during the Report Period.

Submit completed **Form A** at the time you return your signed contract to NYSDOH.

#### FORM B INSTRUCTIONS:

Annually, use **Form B, State Consultant Services Contractor's Annual Employment Report**, to report the annual employment information required by the statute. This form will capture historical information, detailing actual employment data for the most recently concluded State fiscal year (April 1 – March 31). Submit **Form B** to NYSDOH (as the contracting Agency), the Department of Civil Service (DCS), and to the Consultant Reporting Section of the Bureau of Contracts at OSC at the addresses listed below.

Complete **Form B** for contracts for consulting services in accordance with the following:

- **Scope of Contract:** a general classification of the single category that best fits the predominate nature of the services provided under the contract.
- **Employment Category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees providing services under the contract.
  - (Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <a href="www.online.onetcenter.org">www.online.onetcenter.org</a> to find a list of occupations.)
- Number of Employees: the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.
- **Number of hours worked:** the total number of hours **worked** during the Report Period by the employees in the employment category.

• Amount Payable under the Contract: the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Submit the completed Form B annually by May 15<sup>th</sup> for each State fiscal year (or portion thereof) the contract is in effect, as follows:

## To DOH (as the contracting Agency):

By mail: NYS Department of Health

**Bureau of Contracts** 

Attn: Consultant Disclosure Reporting

Room 2834, Corning Tower

Empire State Plaza Albany, NY 12237

By email: <a href="mailto:dohmisc@health.ny.gov">dohmisc@health.ny.gov</a>

## To the Consultant Reporting Section of the Bureau of Contracts at OSC:

By mail: NYS Office of the State Comptroller

**Bureau of Contracts** 

110 State Street, 11<sup>th</sup> Floor

Albany, NY 12236

Attn: Consultant Reporting

By fax: (518) 474-8030 or (518) 473-8808

To DCS:

By mail: NYS Department of Civil Service

Alfred E. Smith Office Building

Albany, NY 12239

OSC Use Only:

Reporting Code: Category Code:

Date Contract Approved:

#### **FORM A**

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health Agency Code: 12000

Contractor Name: KPMG LLP Contract Number: C029347

Contract Start Date: 7/1/2020 Contract End Date: 6/30/2021

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	Number of	Number of hours	Amount Payable
Employment Category	Employees	to be worked	Under the Contract
13-2011.00 Accountants and	31	68,809	\$11,445,732
Auditors			
11-3031.00 Financial Managers	6	7,800	\$1,297,456
Total this page	37	0	\$12,743,188
Grand Total	37	76,609	\$12,743,188

Name of person who prepared this report: Anthony Monaco

Title: Partner Phone #: 212-872-6448

Preparer's Signature: Onthony Monaco

Date Prepared: 6/26/2020

(Use additional pages, if necessary) Page 1 of 1