

CONTRACTOR DISCLOSURE LEGISLATION - FORM A AND B INSTRUCTIONS

In accordance with Chapter 10 of the Laws of 2006, state contractors for consulting services are required to disclose, by employment category, the number of employees that will provide services, the number of hours to be worked and the amount paid to the contractor by the state as compensation for work performed by these employees.

Form A is the State Consultant Services Contractor's Planned Employment Form. This form is intended to capture planned employment information from the date the contract commences through the expiration date. Form A must include information for all employees who will provide services under the contract whether employed by the contractor or a subcontractor. Contractors must complete and return this form to SUNY System Administration with their signed contract.

In addition, Form B, the State Consultant Services Contractor's Annual Employment Report, must be submitted annually beginning May 15, 2007 and no later than May 15th of each succeeding year.

For those contracts existing prior to June 19, 2006, the law requires that contractors submit Form B annually, commencing with the close of fiscal year 2006-2007. This form must be submitted by May 15, 2007 and each May 15 thereafter during the term of the contract.

Form A and B should be completed for contracts for consulting services in accordance with the following:

Part I: Contract Information must be completed as specified. Part II: Scope of Contract must be completed as follows:

1. Scope of Contract (Form B only): Choose a general classification of the single category that best fits the predominate nature of the services provided under the contract.
2. Employment Category: List 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 online.onetcenter.org to find a list of occupations.
3. Number of Employees: List 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.
4. Number of hours (to be) worked: List the total number of hours worked during the Report Period by the employees in the employment category.
5. Amount Payable under the Contract: List 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.

The preparer must sign and date the bottom of the form. Form B must be sent to SUNY System Administration at State University Plaza, Office of Business Operations & Procurement, Albany, NY 12246, as well as to each of the following:

By mail or fax:

NYS Office of the State Comptroller
Bureau of Contracts
110 State Street, 11th Floor
Albany, NY 12236
Attn: Consultant Reporting
Fax: (518) 474-8030 or (518) 473-8808

With a copy to:

NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239

Information regarding this legislation may be found at: <http://www.osc.state.ny.us/agencies/gbull/g-226.htm>

FORM B

OSC Use Only: Reporting Code: Category Code:

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

Contracting State Agency Name: _____ Agency Code: _____ Contract Number: _____ Contract Term: / / to / / Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided: _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: Preparer's Signature: _____ Title: _____ Phone #: _____ Date Prepared: / /
