# Office of Children & Family Services 3400000

OSC Use Only:	

Reporting Code:

Category Code:

Date Contract Approved:

#### NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

# STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD

REPORT PERIOD: APRIL 1, 2020 TO MARCH 31, 2021

## FORM B

Contracting State Agency Name: <u>NYS Of</u>	ffice of Children and F	Family Services Ag	ency Code: <u>3400000</u>		
Contract Number: <u>C027801</u>		_			
Contract Term: <u>3/1/2016</u> to 2/28/2021	· · · · · · · · · · · · · · · · · · ·	_			
Contractor Name: <u>Western New York</u>	Speech-Language Pa	thology, OT and PT C	Consultants, PLLC		
Contractor Address: <u>590 Fishers Station</u>	n Dr, Suite 130, Vict	or, NY 14564			
Description of Services Being Provided:	<u>Speech Therapy a</u>	nd Language Develop	ment Services		
Scope of Contract (Choose one that best	fits):				
Analysis Evaluation	C Research	n 🗌 Tra	ining		
Data Processing     Computer Progra	amming 👘 🗋 Other IT -	consulting 🛛 🗌 Eng	gineering		
Architect Services Surveying	Environm	nental Services 🛛 🛛 He	alth Services		
Mental Health Services     Accounting	Auditing	🗌 Pa	ralegal		
Legal Other Consulting	g				
Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period		
25-2054.00	1	69	\$10,562.50		
29-1127.00	1	0	\$1,040.00		
· · · · · · · · · · · · · · · · · · ·					
Total this page	2	69	\$11,602.50		
Grand Total					
Name of person who prepared this report: Christine Marzano					
Title: Business Office		Phone #: 585	5-924-7207		
Preparer's Signature:					

 Date Prepared:
 4/7/2021

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

Report Period: April 1,2020 to March 31, 2021

Contracting State Agency Name: OCFS	
Contract Number: C # 27985	Agency Business Unit: CFS01
Contract Term: 2/1/17 to 12/31/21	Agency Department ID: 3400000
Contractor Name: Henry D. Gerson, M.D., Contractor Address: 219 Comstock Rd.	P.C.
Contractor Address: ZIG Comstock Rd.	, Ityaca , N.Y. 14850
Descriptions of Oscillations Design Description	Psychiatric Sucs.

Scope of Contra	act (Choos	e one that l	pest fits):		·····	
Analysis Eva	aluation	Research	Training			
Data Processing	j Comp	outer Progra	mming Ot	ther	IT consulting	
Engineering	Architect S	Services	Surveying	Е	nvironmental Services	
Health Services	Menta	l Health Ser	vices			
Accounting	Auditing	Paralegal	Legal	Ot	her Consulting	
Employm	nent Categ	ory	Number of Employees		Number of Hours Worked	Amount Payable Under the Contract
29-1	223.	ØÐ	1		240.56	83,072
				ł		
		:				
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				_		
Total	this Page		1		7.40.56	87.077.

Grand Total	1	240.56	83,072	
Name of person who prepared this re	eport: Ifen a	y Gerson		
Title: Presi Lent		Phone #:	917-539-0	14s
Preparer's Signature:	3			
Date Prepared: 4 121				
(Use additional pages, if necessary)			Page 2 of	2
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# New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS	· · · ·
Contract Number: CØ 27987	Agency Business Unit: CFS01
Contract Term: 3 / / / 17 to 12 / 31/ 21	Agency Department ID: 3400000
Contractor Name: Henry.).Gerson, Contractor Address: 219 Comstocle	M.D., P.C M.L., Ithaca, N.Y. 14850
Description of Services Being Provided:	mp. Psychiatric Sucs.

Scope of Contract (Choose one that i	best fits):		
Analysis Evaluation Research	Training		
Data Processing Computer Progra	mming Other	r IT consulting	
Engineering Architect Services	Surveying E	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
29-1223000	Í	702,93	242,377
		•	•
· · · · · · · · · · · · · · · · · · ·			
Total this Page	2		141 777

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Grand Total	1	702.93	242,377
Name of person who prepared this r Title: President	eport: Henn	•	9
Preparer's Signature:	,		917-539-0445
Date Prepared: イルル シル (Use additional pages, if necessary)			Page <b>2</b> of 2

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS	
Contract Number: $\begin{array}{c} \mathcal{C} \not \mathcal{D} & \mathcal{D} & \mathcal{D} & \mathcal{D} \\ 2 & \mathcal{D} \\ \end{array}$ Contract Term: $\mathcal{D} / \mathcal{D} / \mathcal{D} & \mathcal{D} \\ \end{array}$ to $\mathcal{D} / \mathcal{D} / \mathcal{D} & \mathcal{D} \\ \end{array}$	Agency Business Unit: CFS01
Contract Term: 12 / 1 / 45 to 1/ 139/21	Agency Department ID: 3400000
Contractor Name: Henry D. Gerson, M. Contractor Address: 219 Comstick R	1.D., P.C. A Ithaca, N.Y. 14850
Description of Services Being Provided:	
Comp.	Psychiatric Sucs.

Scope of Contract (Choose one that I	best fits):		
Analysis Evaluation Research	Training		
Data Processing Computer Progra	mming Other	r IT consulting	
Engineering Architect Services	Surveying E	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
29-1223.00	1	382.51	142,676
		. ,	
		· · · ·	
-			
	9		
Trivituite Dava		382.51	110 121
Total this Page	1	16.286	142,676

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, to March 31,						
Contracting State Agency Name: OCFS         Contract Number: C028286       Agency Business Unit: CFS01         Contract Term: 11/01/2018 to 10/31/2023       Agency Department ID: 3400000         Contractor Name: Penda Aiken Inc.       Contractor Address: 330 Livingston Street, FI 2, Brooklyn, NY 11236         Description of Services Being Provided:       Eing Provided:						
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			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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			

Name of person who prepared this report: Kendra Edwards

Title: Compliance and Outreach Administrator Preparer's Signature: Date Prepared: 05/06/2021

Phone #: (718) 643-4880

(Use additional pages, if necessary)

Page 1 of 1

New York State Consultant Services <b>Contractor's Annual Employment Report</b> Report Period: April 1, = su to March 31, 2021				
Contracting State Agency Name: OCFS Contract Number: C028287 Agency Business Unit: CFS01 Contract Term: 4/1/2020 to 3/31/2021 Agency Department ID: 3400000 Contractor Name: Worldwide Travel Staffing, Limited Contractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150 Description of Services Being Provided: Temporary Healthcare Staffing				
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Other IT consulting         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal       Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1141.00	10.00	8,971.46	\$567,854.73	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	10.00	8,971.46	\$567,854.73	
Grand Total	10.00	8,971	\$567,854.73	

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

Title: C.E.O.

w RBh Preparer's Signature: Date Prepared: 4/30/2021

Phone #: 716-821-9001

(Use additional pages, if necessary)

Page 1 of 1

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS	
Contract Number: <i>Cグ૨8Yダヿ</i>	Agency Business Unit: CFS01
Contract Term: 12/1/18 to 1/130/2-3	Agency Department ID: 3400000
Contractor Name: Henry D. Gerson, M.D., Contractor Address: 219 Comstock Rd	Ituaca, N.Y. 14850
Description of Services Being Provided:	sychiatrie sucs.

Scope of Contract (Choose one tha	t best fits):		
Analysis Evaluation Researc	ch Training		
Data Processing Computer Prog	ramming Othe	r IT consulting	
Engineering Architect Services	Surveying E	Environmental Services	
Health Services Mental Health S	ervices		
Accounting Auditing Paraleg	al Legal O	ther Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1223.00	i	1011.08	384,210
			· ·
- 			
		***************************************	
มากันสมารณ์สารที่เห็นประกัน เพราะ การการการการการการการการการการสารที่สารที่สารที่สารที่สารที่สารางสารางการการก			
Total this Page	1	1011.08	384 210

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Grand Total	1	1011.08	384,210
Name of person who prepared this r Title: President	report: Henry		917-539-0445
Preparer's Signature:	Ц		///////////////////////////////////////
(Use additional pages, if necessary)			Page 2 of

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	Annual Em	ultant Services <b>ployment Repo</b> to March 31,	ort
Contracting State Agency Name: OC Contract Number: C028408 Contract Term: 12/01/2018 to 11/ Contractor Name: 24 <sup>th</sup> Street Psychia Contractor Address: 200 West 20 <sup>th</sup> S Description of Services Being Provid	30/2021 atry, PC treet Suite 104,	Agency Business Ur Agency Department New York City, NY 10	ID: 3400000
<ul> <li>□ Data Processing</li> <li>□ Computer Pr</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Health Services</li> <li>○ Mental Health</li> </ul>	search		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist-Code-29-1066.00	1.00	212.21	\$68,968.25
	0.00	- 0.00	\$0.00
	0.00	0.00	\$0.00
$d\hat{\mathbf{X}}_{\mathbf{M}}$ , $d\hat{\mathbf{w}}_{\mathbf{M}}$ , $d\hat{\mathbf{w}}_{\mathbf{M}}$	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	• 0.00	0.00	\$0.00
en en de la companya	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	212.21	\$68,968.25
Grand Total	1.00	212	\$68,968.25

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

Title: President

Preparer's Signature:

Date Prepared: 04/22/2021

Phone #: (917)606-1688

Charles and the second s

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021				
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       Contractment				
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	
51.8031.00	8	3,640.00	\$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	3,640.00	\$0.00	
Grand Total	8.00	3,640	152400.00	

Name of person who prepared this report: Lauri Smith

Title: President

D.Smlt lauri Preparer's Signature: Date Prepared: 4/20/2021

Phone #: 607-227-1696

# New York State Consultant Services **Contractor's Annual Employment Report** Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS       Agency Business Unit: CFS01         Contract Number: CO28513       Agency Business Unit: CFS01         Contract Term: 06/01/2020 to 06/30/2021       Agency Department ID: 3400000         Contractor Name: Environmental & Fueling Systems LLC       Contractor Address: 20 Gurley Ave., Troy, NY 12182         Description of Services Being Provided: Environmental site inspection, SPCC plan preparation Fuel Tank repairs				
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				
	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Employment Category	11.00	362.00	\$54,300.00	
Laborer	9.00	181.50	\$14,520.00	
Travel	7.00	112.50	\$16,875.00	
Electrician	7.00	146.00	\$21,900.00	
Plumber	6.00	181.00	\$11,073.58	
Off Site Admin - Contract PM	1.00	9.00	\$20,000.00	
Admin - Contract PM Admin - E&FS	1.00	14.00	\$2,100.00	
Autoritie - Laro	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	42.00	1,006.00	\$140,768.58	
Grand Total				

Name of person who prepared this report: Marc Miller

Phone #: 518-272-8142

Title: Member

Preparer's Signature: Marc Miller Date Prepared: 04/23/2021

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021				
Contracting State Agency Name: OCFS         Contract Number: C028960       Agency Business Unit: CFS01         Contract Term: 8/1/2020 to 7/1/2023       Agency Department ID: 3400000         Contractor Name: Farney Tree & Excavation       Contractor Address: 7610 Yousey Road, Croghan, NY 13327         Description of Services Being Provided: Vegetation Management and Tree Removal				
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	
Operating Engineer Class C	3.00	342.00	24765.39	
Operating Engineer Class B	1.00	17.00	\$1,286.26	
Laborer	2.00	131.00	\$7,338.61	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	490.00	\$33,390.26	
Grand Total				

Name of person who prepared this report: John Farney

Title: Owner Preparer's Signature: h. aver Date Prepared: 5/5/202

Phone #: 315-783-1161

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021					
Contracting State Agency Name: OCFS         Contract Number: C028996       Agency Business Unit: CFS01         Contract Term: 03/01/2021 to 02/28/2026       Agency Department ID: 3400000         Contractor Name: Language Fundamentals       Contractor Address: 1032 Main Street Fishkill, NY 12524         Description of Services Being Provided: Speech Therapy 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					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable 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	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00 \$0.00		
	0.00	0.00			
	0.00 0.00 \$0.00 0.00 0.00 \$0.00				
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					

Name of person who prepared this report: Matthew P McGarvey

Title: Vice President of Business Development atthen Preparer's Signature: Date Prepared: 4 /30/ 2021

Phone #: 845-897-3330

(Use additional pages, if necessary)

Page of

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OC	FS					
Contract Number: C028997 Agency Business Unit: CFS01						
Contract Term: 03/01/2021 to 02/28/2026 Agency Department ID: 3400000						
Contractor Name: Language Fundamentals						
Contractor Address: 1032 Main Stree		2524				
Description of Services Being Provid						
	i i <b>ra</b> r i i i i i i i					
Scope of Contract (Choose one that b	· · · ·					
		ining				
Data Processing Computer Pr		Other IT consulting				
Engineering Architect Services	s 🗌 Surveying	Environmental	Services			
Health Services 🔲 Mental Health	Services					
Accounting Auditing Pa	iralegal 🗌 Leç	gal 🗌 Other Consul	ting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable 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	\$0.00			
	0.00	0.00	\$0.00			
ala na ana ana ang ang ang ang ang ang ang	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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						

Name of person who prepared this report: Matthew P McGarvey

Title: Vice President of Business Development Preparer's Signature: Howev Date Prepared: 130/ 2021

Phone #: 845-897-3330

(Use additional pages, if necessary)

Page of

AC 3272-S (Effective 4/12)

## FORM B

Contractor	s Annual Er	sultant Services nployment Rep to March 31,	s port
Contracting State Agency Name: C Contract Number: FO 1021 Contract Term: P4 1114 to 11 Contractor Name: Marsha A Contractor Address: 362 7 Description of Services Being Provi Paycha	1. 13722 Nicha Mienne	Agency Business I Agency Departmer Mu Cuultur Mu	nt ID: 3400000
Data Processing Computer P     Engineering Architect Service     Health Services Mental Healt	esearch [] Tra Programming [ es [] Surveying		
	· · · · ·		1
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable
Employment Category		Number of	1
	Employees	Number of Hours Worked	Amount Payable Under the Contract
Population	Employees 0.00	Number of Hours Worked	Amount Payable Under the Contract
Populant	Employees 0.00 0.00	Number of Hours Worked 431.66 0.00 0.00	Amount Payable Under the Contract & \$0.00 86,332 \$0.00
Population	Employees 0.00 0.00 0.00	Number of Hours Worked 4/31 66 0.00 0.00 0.00	Amount Payable Under the Contract SS \$0.00 86,332 \$0.00 \$0.00
Populant	Employees 0.00 0.00 0.00 0.00 <sup>2</sup>	Number of Hours Worked 437.66 0.00 0.00 0.00 0.00	Amount Payable Under the Contract & \$0.00 86,332 \$0.00 \$0.00 \$0.00
Populant	Employees ( 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 4/31.66 0.00 0.00 0.00 0.00 0.00	Amount Payable Under the Contract & \$0.00 86,332 \$0.00 \$0.00 \$0.00 \$0.00
Populant	Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 4/37.66 0.00 0.00 0.00 0.00 0.00 0.00	Amount Payable Under the Contract & \$0.00 86,332 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Populant	Employees ( 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 4/31.66 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Amount Payable Under the Contract
Populant	Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 4/37.66 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Amount Payable Under the Contract & \$0.00 \$6,332 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Populant	Employees ( 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 4/31.66 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Amount Payable Under the Contract
Populant	Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked           1/31/66         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00	Amount Payable Under the Contract
Populant	Employees ( 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 4/31.66 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Amount Payable Under the Contract
Population	Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked           1/31/66         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00	Amount Payable Under the Contract

UT

Name of person who prepared this report: Mersha Aushi Title: pouluant Phone #:

Preparer's Signature:

Date Prepared:5 141 Q1.

(Use additional pages, if necessary)

Page

7185985636

of

# State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS	Agency Code: 25000
Contract Number: PH65773	
Contract Term: 11/01/2012 to 06/30/2019	
Contractor Name: IIT Inc	
Contractor Address: 6 CORNISH COURT, SUITE 101	I, HUNTINGTON STATION, NY 11746
Description of Services Being Provided: IT Services	

Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Research       Training         Data Processing       Computer Programming         Other IT consulting       Engineering         Architect Services       Surveying         Health Services       Mental Health Services         Accounting       Auditing         Paralegal       Legal         Other Consulting       Image: Surveying				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1121.00 Computer Systems Analysts	1	1849.50	\$124,008.98	
15-1131.00 Computer Programmers	3	4096.00	\$331,571.20	
Total this page	4	5945.50	\$455,580.18	
Grand Total	4	5945.50	\$455,580.18	

Name of person who prepared this report:	Dinesh Gulati	
Preparer's Signature: Much July		
Title: Managing Director	Phone #: 631-254-8600 215	
Date Prepared: 4/29/2021		

Use additional pages if necessary)

Page 1 of 1

New York	State Consultant Services
Contractor's	Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

	··········			
Contracting State Agency Name: Office of Children & Family Services				
Contract Number: PH65780 Agency Business Unit: CFS01				
Contract Term: 11/1/2012 to 6/30/2019 Agency Department ID: 3400000				
Contractor Name: MVP Consulting Plus				
Contractor Address: 435 New Karner	r Road, Suite 20	2 Albany, NY 12205		
Description of Services Being Provid	ed: IT Consultin	g Services		
Seens of Contract (Chasses and that h	e et fite):	·····		
Scope of Contract (Choose one that b		ining		
		•		
· · · ·		Other IT consulting	Convisoo	
Engineering Architect Services		g 🔲 Environmental	Services	
Health Services Mental Health				
Accounting Auditing Pa	ralegal 🗌 Leg	gal 🔲 Other Consul	ting	
	Number of	Number of	Amount Payable	
Employment Category	Employees	Hours Worked	Under the Contract	
15-1131.00	1	360	\$26,974.80	
	1	336	\$25,176.48	
	1	647	\$48,479.71	
	1	1112	\$83,322.16	
· · · · · · · · · · · · · · · · · · ·	1	1800	\$134,874.00	
	1	1896	\$142,067.28	
	1	1748	\$130,977.64	
	1	2000	\$149,860.00	
	1	2016	\$151,058.88	
15-1199.09	1	1876.5	\$155,055.20	
	1	2000	\$165,260.00	
······	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
Total this Page	11	15791.5	\$1,213,106.15	
Grand Total	11	15791.5	\$1,213,106.15	

Name of person who prepared this report: Stephen Miller

Title: President

Simber 2 Mille

Preparer's Signature: Date Prepared: 4/26/21

(Use additional pages, if necessary)

Phone #: 518-218-1700

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 202	
Contracting State Agency Name: Contract Number: PH 65782 Contract Term: 11/01/2012 to 06/3 Contractor Name: PSI International Ir Contractor Address: 11200 Waples M Description of Services Being Provide	30/2019 nc. 1ill Rd, Suite 200	en & Family Services Agency Business Ur Agency Department Fairfax, ,VA 22030	nit: CFS01 ID: 3400000
Scope of Contract (Choose one that be         Analysis       Evaluation       Res         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
Computer Programmers	5	7,927.25	\$615,313.15
Computer Systems Analysts	6	6,828.50	\$457,837.77
Computer Systems Architects	1	749.75	\$66,052.98
Computer User Support Specialists	4	5,315.25	\$420,520.97
Total this Page	16	20,820.75	\$1,559,724.87

Name of person who prepared this report: Jasmin Bertulfo

Bertrul

Title: Accountant

Preparer's Signature:

Phone #: 703.621.5849

Date Prepared: 05/05/2021

FORM B		Reporting C Category C	
		Category C	ode:
	State Consultant S	ervices	
Contrac	tor's Annual Emp	loyment Report	
Report Pe	riod: April 1, 2020	to March 31, 2021	
Contracting State Agency Name:	OCFS	Ageno	cy Code:
Contract Number: PH68606			
Contract Term: 7/1/2019 to	6/30/2024	_	
Contractor Name: Computer Te	chnology Services	Inc	-
Contractor Address: 200 Great	Oaks Blvd Suite 211	Albany, New York 12	2203
Description of Services Being Prov	vided:		
Hourly based IT services			
Analysis E Evaluation Reservation Reservation Computer Property Engineering Architect Services Health Services Mental Health Services Accounting Auditing Paral	Surveying Services	r IT consulting Environmental Service Other Consulting	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Systems Developer	5	9659.25	\$786,259.47
Software Analyst	2	5845	\$459,883.98
Business Analyst	1	670.5	\$34,161.99
Total this page	8	16174.75	\$1,280,305.44
Grand Total	8	16175.5	\$1,280,305.44

Name of person who prepared this report:	Darcy Batzold		
Darcy De			
Preparer's Signature:	0		
Title: Operations Manager	Phone #:	(518) 869-3592	
Date Prepared: 5/7/2			

Use additional pages if necessary)

Page 1 of 1

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Contractor's	s Annual Em	ultant Services ployment Report to March 31, 202	
Contracting State Agency Name: Contract Number: PH68607 Contract Term: 07/01/2019 to 06 Contractor Name: Crossfire Consul Contractor Address: 1940 Commer Description of Services Being Provi	ting Corp ce Street, Yorktow	- · ·	ID:
Data Processing     Computer F     Engineering     Architect Service     Health Services     Mental Health	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Software Analyst	1.00	1,260.00	\$80,640.00
	0.00	0.00	\$0.00
-	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
			φ0.00
	0.00	0.00	
	0.00	0.00	\$0.00 \$0.00
	0.00 0.00 0.00	0.00 0.00 0.00	\$0:00 \$0.00 \$0.00
	0:00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0:00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0:00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Maureen Kruze

Title: Administrator

BAUS Preparer's Signature: Date Prepared: 05/12/2021

Phone #: 914-302-2900

(Use additional pages, if necessary)

Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: OC Contract Number: PH68612 Contract Term: 7/1/2019 to 6/30/2 Contractor Name: JSM Consulting In Contractor Address: 65 Station Road Description of Services Being Provide	2024 c , Cranbury, NJ 0		ID:
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 Software Developer			
	Employees	Hours Worked	Under the Contract
	Employees 1.00	Hours Worked 728	Under the Contract 50,690.64
	Employees 1.00 0.00	Hours Worked 728 0.00	Under the Contract 50,690.64 \$0.00
	Employees 1.00 0.00 0.00 0.00 0.00	Hours Worked 728 0.00 0.00 0.00 0.00	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00 0.00	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Under the Contract 50,690.64 \$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 728 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Under the Contract 50,690.64 \$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: Vivek Shenoy

Title: Sr. VP - Operations Preparer's Signature: Date Prepared: 5/10/2021

(Use additional pages, if necessary)

**Phone #**: (609) 722-6600, ext. 102

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS Agency Code: Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue; Ste # 1; Albany; NY - 12203 Description of Services Being Provided: Systems Developer

Scope of Contract (Choose one that best fits):         Analysis I       Evaluation I       Research I       Training I         Data Processing I       Computer Programming I       Other IT consulting I         Engineering I       Architect Services I       Surveying I       Environmental Services I         Health Services I       Mental Health Services I       Accounting I       Other Consulting I			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1252.00	5	1,301.50	\$106,593
Total this page	5	1,301.50	\$106,593
Grand Total	5	1,301.50	\$106,593

Name of person who prepared thi	is report: Sanjay Kapalli	
Preparer's Signature:		
Title: Executive Vice President	A M Phone #: <b>518-250-4189</b>	
Date Prepared: 5/7/2021		

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS Agency Code: Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue; Ste # 1; Albany; NY - 12203 Description of Services Being Provided: Software Architect

Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Research       Training         Data Processing       Computer Programming         Other IT consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1199.02	3	3,406.25	\$304,859
Total this page	3	3,406.25	\$304,859
Grand Total	3	3,406.25	\$304,859

Name of person who prepared this report: Sanjay Kapalli	
Preparer's Signature:	
Title: Executive Vice President Area Phone #: 518-250-4189	
Date Prepared: 5/7/2021	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS Agency Code: Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue; Ste # 1; Albany; NY - 12203 Description of Services Being Provided: Software Analyst

Scope of Contract (Choose one that best fits):         Analysis I       Evaluation I       Research I       Training I         Data Processing I       Computer Programming I       Other IT consulting I         Engineering I       Architect Services I       Surveying I       Environmental Services I         Health Services I       Mental Health Services I       Accounting I       Other Consulting I				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1253.00	2	1,335.50	\$105,171	
Total this page	2	1,335.50	\$105,171	
Grand Total	2	1,335.50	\$105,171	

Name of person who prepared this	s report: Sanja	y Kapalli	
Preparer's Signature:	1) jail		
Title: Executive Vice President	Ann	Phone #: <b>518-250-4189</b>	
Date Prepared: 5/7/2021			

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS Agency Code: Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue; Ste # 1; Albany; NY - 12203 Description of Services Being Provided: Software Manager

Scope of Contract (Choose one that best fits):         Analysis I       Evaluation I       Research I       Training I         Data Processing I       Computer Programming I       Other IT consulting I         Engineering I       Architect Services I       Surveying I       Environmental Services I         Health Services I       Mental Health Services I       Accounting I       Other Consulting I				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1199.09	1	1,946.50	\$163,506	
Total this page	1	1,946.50	\$163,506	
Grand Total	1	1,946.50	\$163,506	

Name of person who prepared this	s report: Sanjay Kapalli	
Preparer's Signature:		
Title: Executive Vice President	Phone #: <b>518-250-4189</b>	
Date Prepared: 5/7/2021		

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS Agency Code: Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue; Ste # 1; Albany; NY - 12203 Description of Services Being Provided: Programmer

Scope of Contract (Choose one that best fits):         Analysis I       Evaluation I       Research I       Training I         Data Processing I       Computer Programming I       Other IT consulting I         Engineering I       Architect Services I       Surveying I       Environmental Services I         Health Services I       Mental Health Services I       Accounting I       Other Consulting I				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1132	3	4,192	\$301,870	
Total this page	3	4,192	\$301,870	
Grand Total	3	4,192	\$301,870	

Name of person who prepared this	s report: Sanjay Kapalli	
Preparer's Signature:	1) Mar	
Title: Executive Vice President	Phone #: <b>518-250-4189</b>	
Date Prepared: 5/7/2021		

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS Agency Code: Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue; Ste # 1; Albany; NY - 12203 Description of Services Being Provided: IT Specialist

Scope of Contract (Choose one that best fits):         Analysis I       Evaluation I       Research I       Training I         Data Processing I       Computer Programming I       Other IT consulting I         Engineering I       Architect Services I       Surveying I       Environmental Services I         Health Services I       Mental Health Services I       Accounting I       Other Consulting I				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1132	11	20,458.50	\$1,131,087	
Total this page	11	20,458.50	\$1,131,087	
Grand Total	11	20,458.50	\$1,131,087	

Name of person who prepared this report:	Sanjay Kapalli	1) iar
Preparer's Signature:		( ) un fair
Title: Executive Vice President	Phone #: <b>518-250-4189</b>	
Date Prepared: 5/7/2021		

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS Agency Code: Contract Number: PH68613 Contract Term: 07/01/2019 to 06/30/2024 Contractor Name: Knowledge Builders Inc Contractor Address: 1977 Western Avenue; Ste # 1; Albany; NY - 12203 Description of Services Being Provided: Business Analyst

Scope of Contract (Choose one that best fits):         Analysis I       Evaluation I       Research I       Training I         Data Processing I       Computer Programming I       Other IT consulting I         Engineering I       Architect Services I       Surveying I       Environmental Services I         Health Services I       Mental Health Services I       Accounting I       Other Consulting I				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1121	2	3,741.50	\$259,802	
Total this page	2	3,741.50	\$259,802	
Grand Total	2	3,741.50	\$259,802	

Name of person who prepared this report:	Sanjay Kapalli
Preparer's Signature:	( ) and and
Title: Executive Vice President	Phone #: 518-250-4189
Date Prepared: 5/7/2021	

	· · · ·		
Contractor's	Annual Em	ultant Services ployment Repo to March 31, 202	
Contracting State Agency Name: NY Contract Number: PH68617 Contract Term: 7/1/2019 to 6/30/2 Contractor Name: MVP Consulting P Contractor Address: 435 New Karner Description of Services Being Provide	2024 lus <sup>-</sup> Road, Suite 202	Agency Business Ur Agency Department 2 Albany, NY 12205	nit: CFS01
Data Processing     Computer Pro     Engineering     Architect Services     Health Services     Mental Health	search		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1253.00	2	904	\$65,901.60
	1	408	\$29,743.20
15-1299.08	1	1312.5	\$93,817.50
	1	1167	\$83,417.16
	1	148.5	\$10,614.78
15-1199.09	1	552	\$47,466.48
	7	4492	\$330,960.72
Grand Total	23	34466.5	\$2,195,178.37
	and the second		

Name of person who prepared this report: Stephen Miller

Title: President

International Miller Preparer's Signature:

Date Prepared: 4/23/21

(Use additional pages, if necessary)

Phone #: 518-218-1700

New York State Consultant Services	
Contractor's Annual Employment Report	t

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NY	S Office of Child	Iren & Family Service	S				
Contract Number: PH68617 Agency Business Unit: CFS01							
Contract Term: 7/1/2019 to 6/30/2	2024	Agency Department ID: 3400000					
Contractor Name: MVP Consulting Plus							
Contractor Address: 435 New Karner Road, Suite 202 Albany, NY 12205							
Description of Services Being Provided: IT Consulting Services							
Scope of Contract (Choose one that best fits):							
Analysis Evaluation Research Training							
Data Processing Computer Programming <u>X</u> Other IT consulting							
Engineering Architect Services Surveying Environmental Services							
Health Services							
Accounting Auditing Paralegal Legal Other Consulting							
	Number of	Number of	Amount Payable				
Employment Category	Employees	Hours Worked	Under the Contract				
15-1121.00	1	1956	\$119,844.12				
	1	1977	\$121,130.79				
	1         1976         \$121,069.52           1         1888         \$122,946.56						
	1 1855 \$120,797.6						
15-1151.00	3	5801.5	\$315,543.59				
	1	1967	\$101,890.60				
	2	3688	\$200,590.32				
	1	1912	\$99,041.60				
15-1142.00	1	1875	\$134,025.00				
15-1199.02	1	1983.5	\$170,382.65				
	1 1088 \$93,459.20						
15-1131.00		2007.5	\$143,496.10				
Total this Page         16         29974.5         \$ 1,864,217.65							
Grand Total							

Name of person who prepared this report: Stephen Miller

Title: President

Inte-2 Mille-

Preparer's Signature: Date Prepared: 4/23/21

(Use additional pages, if necessary)

Phone #: 518-218-1700

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021						
Contracting State Agency Name:Office of Children & Family ServicesContract Number: PH68621Agency Business Unit: CFS01Contract Term:07/01/2019 to 06/30/2024Agency Department ID: 3400000Contractor Name: PSI International Inc.Contractor Address: 11200 Waples Mill Rd, Suite 200 Fairfax, ,VA 22030Description of Services Being Provided:IT Services						
Scope of Contract (Choose one that best fits):         Analysis       Evaluation       Research       Training         Data Processing       Computer Programming       Other IT consulting         Engineering       Architect Services       Surveying       Environmental Services         Health Services       Mental Health Services       Legal       Other Consulting						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
0						
Computer Programmers	5	9,948.00	\$714,806.04			
Computer Programmers Computer Systems Analysts	5 4	9,948.00 7,893.00	\$714,806.04 \$487,778.55			
•						
Computer Systems Analysts Computer Systems Architects Software Developers, Applications	4	7,893.00	\$487,778.55			
Computer Systems Analysts Computer Systems Architects	4	7,893.00 3,695.00	\$487,778.55 \$308,569.45			
Computer Systems Analysts Computer Systems Architects Software Developers, Applications Software Developers, Systems	4 2 1	7,893.00 3,695.00 1,607.50	\$487,778.55 \$308,569.45 \$100,500.90			
Computer Systems Analysts Computer Systems Architects Software Developers, Applications Software Developers, Systems	4 2 1	7,893.00 3,695.00 1,607.50	\$487,778.55 \$308,569.45 \$100,500.90			
Computer Systems Analysts Computer Systems Architects Software Developers, Applications Software Developers, Systems	4 2 1	7,893.00 3,695.00 1,607.50	\$487,778.55 \$308,569.45 \$100,500.90			
Computer Systems Analysts Computer Systems Architects Software Developers, Applications Software Developers, Systems	4 2 1	7,893.00 3,695.00 1,607.50	\$487,778.55 \$308,569.45 \$100,500.90			
Computer Systems Analysts Computer Systems Architects Software Developers, Applications Software Developers, Systems	4 2 1	7,893.00 3,695.00 1,607.50	\$487,778.55 \$308,569.45 \$100,500.90			
Computer Systems Analysts Computer Systems Architects Software Developers, Applications Software Developers, Systems	4 2 1	7,893.00 3,695.00 1,607.50	\$487,778.55 \$308,569.45 \$100,500.90			

Name of person who prepared this report: Jasmin Bertulfo

Bertrulz

Title: Accountant

Preparer's Signature:

Phone #: 703.621.5849

Date Prepared: 05/03/2021

#### DocuSign Envelope ID: 31F9E72B-EE5D-47BA-902F-E77B9DD49C20

AC 3272-S (Effective 4/12)

#### FORM B

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Office of Children and Family Services-HBITSContract Number: PH68629Agency Business Unit: CFS01Contract Term: 07/01/2019 to 06/30/2024Agency Department ID: 3400000Contractor Name: Tech Valley TalentContractor Address: 20 Prospect St, Ballston Spa NY 12020Description of Services Being Provided: Hourly Based Information Technology								
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					
15-1251.00 Computer Programmers	4.00	7,760.00	\$408,975.95					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
0.00 0.00 \$0.00								
0.00 0.00 \$0.								
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00 0.00 \$0.0							
Total this Page         4.00         7,760.00         \$408,975.95								
Grand Total         4.00         7,760         \$408,975.95								

Name of person who prepared this report: Jennifer Duane

-3287470C1616432...

Title: Administrative Assistant Signed by: Preparer's Signature: Junifer Duane

Phone #: 518-882-0001 x113

(Use additional pages, if necessary)

Date Prepared: 05/03/2021

			ontractor's Anr	te Consultant Service nual Employment R	eport	
		Re	port Period: Apri	I 1, 2020 to March 31	, 2021	
Contracting Stat	e Agency Name:	N	YS Office of Chil	dren & Family Servic	ces	
Contract Number: PN205AB				Agency Business Ur	nit:	
				Agency Department	ID	
Contract Term:	2/1/2019		То	3/31/2021		
Contractor Name	e: New York State To	ecł	nnology Enterpr	rise Corporation (N	YSTEC)	
Contractor Addre	ess: 99 Otis Street, 2	2 <sup>nd</sup>	Floor, Rome, N	Y 13441		
Description of Se	ervices Being Provide	۰h۰	NYS OCES CC	WIS Planning Servic	200	
Description of O	cruces being ritovide	.u.		We hanning bervie		
Scope of Contra	act (Choose one tha	it b	est fits):			
Analysis	Evaluation		Research	Training		
Data Processing	Computer Programming	v 🛛	Other IT Consulting	her IT Consulting		
Engineering	Architect Services		Surveying	Environmental Services		
Health Services	Mental Health Services					
Accounting	Auditing		Paralegal	Legal	Other Consulting	
Employment Ca	ategory			Number of Employees	Number of hours to be worked	Amount Payable Under the Contrac
11-3021.00 Computer and Information Systems Manage		3.00	824.25	\$ 152,751.94		

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

**Title: Contracts Manager** 

Total this page

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

824.25

824.25

\$

\$

152,751.94

152,751.94

3.00

3.00

Muhr letter

**Grand Total** 

ł

Preparer's Signature:

Date Prepared: 05-11-2021

(Use additional pages, if necessary)

THO682

Page 1 of 1

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name	: NYS OCFS	
Contract Number: PR65774		Agency Business Unit:
Contract Term: 04/01/2020 to	03/31/2021	Agency Department ID:
Contractor Name: InfoPeople Co	orporation	
Contractor Address: 450 Sevent	th Avenue, Suite 1106	6, NY NY 10123
Description of Services Being Pr	rovided: IT Staff Aug	mentation Services

Scope of Contract (Choose one that b	est fits):		
Analysis Evaluation Re	search 🗌 Tra	ining	
Data Processing Computer Pro	ogramming 🛛 🖂	Other IT consulting	
Engineering Architect Services	s 🗌 Surveying	Environmental	Services
Health Services Mental Health	Services		
Accounting Auditing Pa	ralegal 🗌 Leg	al 🗌 Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
15-1133.00 Software	1.00	837.00	\$40,736.80
Developer/Systems Software	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	837.00	\$40,736.80
Grand Total	1.00	837	\$40,736.80

Name of person who prepared this report: Douglas Bernstein

Title: VP

Preparer's Signature:

Date Prepared: 5/04/2021

Phone #: 646-790-8252

(Use additional pages, if necessary)

OSC Use Only: Reporting Code: Category Code:

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Office of Children & Family Agency Code: unknown Contract Number: PR65777/PH65777 Contract Term: 11/01/2012 to 06/30/2019 Contractor Name: Logic House Ltd. Contractor Address: 49950 Jefferson St., Suite 130-391, Indio, CA 92201 Description of Services Being Provided: Various Hourly Based IT Services

FORM B

Scope of Contract (Choose one that Analysis Evaluation Resear Data Processing Computer Prog Engineering Architect Services Health Services Mental Health S Accounting Auditing Paral	arch  Training  ramming  Other Surveying	r IT consulting Environmental Service	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Specialist	1	2008	\$163,451.20
· · · · · · · · · · · · · · · · · · ·			
:			
· ·			
· · ·			
Total this page	1	2008	\$163,451.20
Grand Total	1	2008	\$ 163,451.20

Name of person who prepared this report:	Sheila Allen House	
Preparer's Signature: Sheila Allen Hou	use	
Title: President	Phone #: 512-689-9650	
Date Prepared: 04/20/2021		
		Page 1 of 1

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 2021	
Contracting State Agency Name: OC Contract Number: S010192 Contract Term: 12/01/2017 to 12/3 Contractor Name: Mark Cattalani, MI Contractor Address: 28 East Street, S Description of Services Being Provide	31/2021 ) Skaneateles, NY	Agency Business Ur Agency Department 13152	
<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		-
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrists - 29-1223.00	1.00	365.00	\$78,941.75
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	365.00	\$78,941.75
Grand Total			

Name of person who prepared this report: Mark Cattalani, MD

Title: MD

(Use additional pages, if necessary)

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

Phone #: 617-365-2817

Contractor's	Annual Em	ultant Services ployment Rep to March 31, 2 °	•
Contracting State Agency Name: OC Contract Number: $SO/O/99$ Contract Term: $S/3//18$ to $3/2$ Contractor Name: $Bruce H$ . P Contractor Address: $400$ East Description of Services Being Provide	13/122 David 1 D.O.	Agency Business U Agency Department of 85, MewYor vic Services	ID: 3400000
Data Processing     Computer Processing     Engineering     Architect Service     Health Services     Mental Health	esearch	Other IT consulting	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist	<b>§</b> .00	540,5 0.00	\$ 148,637 5 \$0.00
29-1066.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
			φ0.00
	0.00	0.00	\$0.00 \$0.00
	0.00	0.00 0.00	-
			~\$0.00
	0.00	0.00	<b>\$0.00</b> <b>\$0.00</b>
	0.00	0.00 0.00	<b>\$0.00</b> <b>\$0.00</b> <b>\$0.00</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         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00          \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00          \$0.00         \$0.00         \$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 0.0	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         \$0.00         \$0.00         \$0.00

Name of person who prepared this report:

Title: Prychia trint Preparer's Signature: Date Prepared: 51/2/21

Bruce H. David / Ro. Phone #: 3497 302 8034

FO	RM	В
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Contractor's	Annual Em	ultant Services ployment Repo	ort
Кероп Репос	d: April 1,	to March 31,	• .
Contracting State Agency Name: O	CFS HRC		
Contract Number: 50/020/	<u>_</u>	Agency Business U	nit: CFS01
Contract Term: 4 / 1/20 to 3	131/21	Agency Department	ID: 3400000
Contractor Name: Snehal R.S	here h mp		
Contractor Address: 454 Conner	y Club Lares	Kingston, W / 12	401
Description of Services Being Provid	jea.	•	
Psychiatric Servic	es an		•
Data Processing     Computer P     Engineering     Architect Service     Health Services     X Mental Healt	rogramming		· · · ·
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1223.00	0.00	0.00	67. 254. 47\$0.00
(PSychightist)	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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
			67,354.43

Name of person who prepared this report: Snehal R. Sheh mD Title: Mb Phone #:

Phone # 845 - 797 - 5252

Preparer's Signature: 👱

Date Prepared: 4 122/ 24

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 2021	
Contracting State Agency Name: OCI Contract Number: S010203 Contract Term: 10/01/2018 to 09/3 Contractor Name: Mark Cattalani, MD Contractor Address: 28 East Street, S Description of Services Being Provide	30/2021 ) Skaneateles, NY	Agency Business Un Agency Department 13152	
□ Data Processing       □ Computer Pro         □ Engineering       □ Architect Services         □ Health Services       ⊠ Mental Health	search		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrists - 29-1223.00	1.00	345.50	\$101922.50
	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	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	345.50	\$101,922.50
Grand Total			

Name of person who prepared this report: Mark Cattalani, MD

Title: MD

Phone #: 617-365-2817

Preparer's Signature: \_\_\_\_ Date Prepared: 5/5/2021

(Use additional pages, if necessary)

#### FORM B

	Annual Em	ultant Services ployment Repo to March 31,	ort
Contracting State Agency Name: OC Contract Number: S DID 225 Contract Term: 4 / 1/20 to 3 / Contractor Name: Snehal R.SI Contractor Address: 454 Dunion Description of Services Being Provide Psychight ic Service	31/21 WeAhMD Y C/n blare) ed:	Agency Business Ur Agency Department たっからわか。 かり 12	ID: 3400000
Data Processing Computer Pro     Engineering Architect Services     Health Services Manual Health	search [] Tra ogramming [] s [] Surveying	Other IT consulting	
Employment Category	Employees	Hours Worked	Under the Contract
29-1223.00	0.00	104.58 0.00	30,851.78 \$0.00
29-1223.00 ( PSychict 15+)	0.00	104.58 0.00	<b>30, 85/.78</b> \$0.00 \$0.00
29-1223.00 (Psychist)	·····		30,85/.78\$0.00
29-1223.00 (Psychist)	0.00 0.00 0.00	.0.00	<b>30, 85/.78 \$</b> 0.00 \$0.00
29-1223.00 (Psychiatrist)	0.00	0.00	<b>30, 85/.78 \$</b> 0.00 \$0.00 \$0.00
29-1223.00 (PSychiatist)	0.00 0.00 0.00	0.00 0.00 0.00	<b>30, 85/. 78</b> \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 (Psychich(15t)	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	30,85/.78 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 (PSychiatrist)	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	30,85/.78 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 ( esychist 15t)	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	30,85/.78 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 (psychist)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	30,85/.78 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 (P <sup>3</sup> sychist)	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	30,85/.78 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 (psychist)	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	30,85/.78 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 (P <sup>1</sup> sychist)	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	30,85/.78 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29-1223.00 (PSychroff157) Total this Page	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	30,85/.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

Name of person who prepared this report: Snekal R. Shellh my

Title: Mb

Phone #: 845 - 797 - 5252

Preparer's Signature:

Date Prepared: 4 R21 21

(Use additional pages, if necessary)

Page

of

### FORM B

	Annual Em	Iltant Services ployment Repo to March 31,	ort
Contracting State Agency Name: OC Contract Number: SO/0227 Contract Term: 4 / 1/20 to 3/ Contractor Name: Snehal R.S/ Contractor Address: 454 Conford Description of Services Being Provide PSychightic Service	31121 heAhMD y Chub Lanei) ed:	Agency Business U Agency Department Kingston, NY 12	ID: 3400000
Scope of Contract (Choose one that b Analysis Evaluation Res Data Processing Computer Pro Engineering Architect Services Health Services Mantal Health Accounting Auditing Pa	search Trail ogramming D s Surveying	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1223.00	0.00	214.76 000	62,281.13
(PSychightist)	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	• \$0.00
~	0.00	0.00	\$0.00
-	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
Total this Fage			62,281.13

Name of person who prepared this report: Snella

Title: Mb

Phone #: 845 - 797 - 5252

Preparer's Signature: Date Prepared: 4 /2/ 2/

(Use additional pages, if necessary)

Page of

#### FORM B

	Annual Em	ultant Services <b>ployment Repc</b> to March 31,	ort
Contracting State Agency Name. OC Contract Number 50/0228 Contract Term: 4 / 1 / 20 to 3 / Contractor Name: Snehal R.S, Contractor Address: 454 Conner Description of Services Being Provid PSychight ic Service	$\sqrt{C/nblane}$	Agency Business Un Agency Department Kingston, MY 12	ID: 3400000
Data Processing     Computer Pr     Engineering     Architect Service     Health Services     X Mental Health	esearch Tra rogramming [ es ] Surveyin h Services aralegal ] [ fe	agal Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1223.00	0.00	491.60 0.00	145,021.25\$0.00
asychicat (15t)	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Contraction of the second seco	- () ()()	1 0.00	Ç
	0.00		\$0.00
		0.00	\$0.00 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 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 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00	\$0.00 \$0.00 \$0.00 \$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         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         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 0.0	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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Snehal R. Shehh mD

Phone #: 845 - 797 - 5252

Title: Mb

Preparer's Signature:

Date Prepared: 4 12/2/

(Use additional pages, if necessary)

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ibil 46

Contractor's	Annual Emp	Itant Services Dioyment Repo to March 31, 2021	
Contracting State Agency Name: OC Contract Number: S010230 Contract Term: 12/01/2020 to 11/3 Contractor Name: Mark Cattalani, MD Contractor Address: 28 East Street, S Description of Services Being Provide	30/2023 ) Skaneateles, NY	Agency Business Un Agency Department 13152	
□ Data Processing □ Computer Pro □ 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
Psychiatrists - 29-1223.00	1.00	9.75	\$2,876.25
	0.00	0.00	\$0.00
	0.00	. 0.00	\$0.00
· · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	, \$0.00
	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	9.75	\$2,876.25
Grand Total			

1.1.1.1

Name of person who prepared this report: Mark Cattalani, MD

Title: MD

Preparer's Signature: \_\_\_\_\_\_ A O-\_\_\_\_ Date Prepared: 575/2021 Phone #: 617-365-2817

(Use additional pages, if necessary)

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 2027	
Contracting State Agency Name: OC Contract Number: T012201 Contract Term: 1//1/2019 to 12/31 Contractor Name: Yaws Environment Contractor Address: 951 East Shore Description of Services Being Provide	/2023 tal Process Cont Drive		
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
51.8031.00	. 1	. 52	\$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	0.00	\$0.00
Total this Page	1.00	52.00	\$9,000.00
Grand Total	1	52	\$9,000.00

Name of person who prepared this report: Lauri Smith

 $^{\prime}\alpha$ 

Title: President

Phone #: 607-227-1696

.<u>Smìl</u>

Preparer's Signature: \_\_\_\_\_ Date Prepared: 4/20/2021

(Use additional pages, if necessary)

Page of

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

Report Period: April 1, 2020 to March 31, 2021

			******
Contracting State Agency Name: OC	FS		
Contract Number: T012216		Agency Business Ur	nit: CFS01
Contract Term: 03/01/2019 to 02/2	28/2021	Agency Department	ID: 3400000
Contractor Name: David V Malicki			
Contractor Address: 31 Bergen Wood	ds Dr Boght Cori	ners NY 12047	
Description of Services Being Provide	ed: Dental Servi	ices	
		······································	
Scope of Contract (Choose one that b	· · · · · · · · · · · · · · · · · · ·		
		ining	
Data Processing     Computer Pro		Other IT consulting	
		Environmental	Services
Health Services I Mental Health			
Accounting Auditing Pa	ralegal 🗌 Leg	al 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Dentist 29-1021.00	1.00	46.25	\$2000.00/ MONTH
	0.00	0.00	\$0.00
·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total			# 22,000. \$24,000.00

nledu

Name of person who prepared this report: David V Malicki

Title: Dentist

Preparer's Signature: Date Prepared: 04/24/2021

(Use additional pages, if necessary)

Phone #: (518)791-8461

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 2021	
Contracting State Agency Name: OC Contract Number: T012227 Contract Term: 01/01/2019 to 12/2 Contractor Name: New York Universi Contractor Address: One Park Avenu Description of Services Being Provide	31/2023 ity School of Mec ue, 6th Floor, Ne	w York, NY 10016	ID: 3400000
Data Processing     Computer Pro     Engineering     Architect Services     Health Services     Mental Health	search	Other IT consulting	
	ا م م م		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Employment Category Physician, 29-1229.04			
	Employees	Hours Worked	Under the Contract
	Employees 2.00	Hours Worked 35.25	Under the Contract \$9,600.00
	Employees 2.00 0.00	Hours Worked 35.25 0.00	Under the Contract \$9,600.00 \$0.00
	Employees 2.00 0.00 0.00	Hours Worked 35.25 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00
	Employees 2.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 2.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Physician, 29-1229.04	Employees 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$0.00 \$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 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 35.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$9,600.00 \$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: Lisa A. Malikin

Title: Administrative Director, Pediatrics, NYU Langone Hospita -- Long Island

Phone #: 516-663-4938

Preparer's Signature 1.20 Date Prepared: 05707/2021

FORM B

	ES		
Sontracting State Agency Name: OCI Contract Number: うつうるるの	·	Agency Business Un	it: CFS01
Contract Term: $1/1/20$ to $12/3$		Agency Department	
	RD RD	н	
Contractor Name: Uud th Celer Contractor Address: 107000000 El	ndries Dr. Sch	renectady ny	19302
Description of Services Being Provide	d: Dertal Con	THEFT	
	OCFS BHS	Heavin Service	5 
		······································	
Scope of Contract (Choose one that be	search 🗌 Train	ling	
Data Processing Computer Pro	· ·	Other IT consulting	
Engineering Architect Services	· · · ·	Environmental S	Services
✓ Health Services  ☐ Mental Health			
· · · ·	alegal 🗌 Lega	al 🗌 Other Consult	ting
	Number of	Number of	Amount Payable
	Number of 1		AIIIUUIIL Favable
Employment Category	Number of Employees	Hours Worked	Under the Contract
	Employees		
Employment Category Dental Hygien 27-12920	Employees	Hours Worked	Under the Contract
	Employees	Hours Worked 884.75	Under the Contract
	Employees )   0.00	Hours Worked 884.75 0.00	Under the Contract <u>3.00</u> \$0.00
	Employees           I           0.00           0.00	Hours Worked 884.75 0.00 0.00	Under the Contract عناب کے . \$0.00 \$0.00
	Employees           I           0.00           0.00           0.00	Hours Worked 884.75 0.00 0.00 0.00	Under the Contract <u>علی کی کی</u> \$0.00 \$0.00 \$0.00 \$0.00
	Employees       I       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	Hours Worked <u>884.75</u> 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees       I       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	Hours Worked <u>884.75</u> 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Employees       I       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	Hours Worked 884.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 30.00 \$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       I       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	Hours Worked 884.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 3.00 \$0.00 \$0.00 \$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       I       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	Hours Worked 884.75 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	Under the Contract 3.00 \$0.00 \$0.00 \$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       I       0.00	Hours Worked <u>84.75</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	Under the Contract 3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$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       I       0.00	Hours Worked 884.75 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	Under the Contract 3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$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       I       0.00	Hours Worked <u>84.75</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	Under the Contract 3.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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

Report Period: April 1, 2020 to March 31, 2021

Г			
Contracting State Agency Name: OC	FS		
Contract Number: T012302		Agency Business Ur	nit: CFS01
Contract Term: 02/01/2020 to 01/3		Agency Department	ID: 3400000
Contractor Name: Abraham Nussbau	Im		
Contractor Address: 82 Hapeman Hil	I Rd, Red Hook,	NY 12571	
Description of Services Being Provide	ed: Medical Ser	vices	
Scope of Contract (Choose one that b	oot fite):		
	•	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
29-1221.00 Pediatricians, General	1.00	160.00	\$25,000.00
-	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
<u> </u>	0.00	0.00	\$0.00
en de la constante de la consta	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	160.00	\$25,000.00
Grand Total			

Name of person who prepared this report: Abraham Nussbaum

X

Title: MD

Phone #: 917-375-1437

Preparer's Signature: Date Prepared: 04/21/2021

(Use additional pages, if necessary).

Page of

Contractor's	Annual Em	ultant Services ployment Repo to March 31, 21	ort
Contracting State Agency Name: OC Contract Number: T012306 Contract Term: 3//1/2020 to 2//28/ Contractor Name: American Mobile D Contractor Address: 76 Progress Dr S Description of Services Being Provide	/2021 Dental Suite 123 Stamfo	Agency Business Ur Agency Department ord CT 06902	
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
31.9092.00	2.00	336	\$8,700.00
29-1021.00	1.00	0.00	\$0.00
31-9091.00	2.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$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
Total this Page	0.00 5.00	0.00 DOV	\$0.00 \$8,700.00

Name of person who prepared this report: Carole Burns

Carole Burns

Title: Regional Director

ان این ایشتان داند.

-n: = -

Phone #: 315-515-3015

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

Date Prepared: 4//20/2021

Contractor's		ultant Services <b>ployment Rep</b> to March 31,	ort
Contracting State Agency Name: OC Contract Number: TO13309 Contract Term: B 10/2020 to 03/22 Contractor Name: Capital Distant Contractor Address: 3195, Mann Description of Services Being Provid EKG	8/2025 ct fedicatic .mg Blud #2	Agency Business U Agency Department Cardidagy Ass 03, Albany, Ny	ID: 3400000
Data Processing     Computer Pr     Engineering     Architect Services     Health Services     Mental Health	esearch	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Physictan 29-1729.00	3 0.00	104 0.00	\$ 9825. \$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
7.4.14.2	0.00	0.00	\$0.00
Total this Page	3 0.00	104 0.00	# 9825, 9 \$ 0.00 # 9825, 9
Grand Total	3	104	\$ 9825.00

Name of person who prepared this report: Steven Ka	
Title: President Preparer's Signature: Mer Ver	Phone #: 518-4189-3292
Preparer's Signature: <u>Alec Veri</u>	

Date Prepared: 4 /21/2021

(Use additional pages, if necessary)

Page ( of )

Contractor's	Annual Em	ultant Services ployment Repo to March 31, 202	
Contracting State Agency Name: OC Contract Number: T012313 Contract Term: 06/01/2020 to 05/2 Contractor Name: OnSite Vision Plan Contractor Address: 2 Middlesex Rd Description of Services Being Provid	31/2023 ns, Inc East Greenbusl		
□ Data Processing □ Computer Pro □ Engineering □ Architect Services ☑ Health Services □ Mental Health	search		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1041.00	1.00	28.00	\$9,122.42
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00 \$0.00
	0.00	0.00	\$0.00
	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	\$9,122.42
i otal tills raye	1		• • • • • • • • •

Name of person who prepared this report: Edward Berger, OD

Ċ

Bago

Title: President, OVP

Preparer's Signature:

Date Prepared: 04/21/2021

Phone #: 518-486-8989

(Use additional pages, if necessary)

Page of

AC 3272-S (Effecti
--------------------

		o March 31,202	
Contracting State Agency Name: OC	FS		
Contract Number: TOIQU39 Contract Term: 1/1/2021 to 12/3 Contractor Name: Uucith MZC Contractor Address: 107000000E Description of Services Being Provide	BI/ZOZI IENEWYCH I INCLINES D SI	and harding	D: 3400000 NY 17303
<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
Dental Hygenist 29:1292.0	0 1	338	12,1360
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00 \$0.00
			30.00
	0.00		
	0.00	0.00	\$0.00
	0.00 0.00	0.00 0.00	\$0.00 \$0.00
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 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 \$0.00 \$0.00

Name of person who prepared this report illicitin M Zelenewych RDH Title: Dental Consult ant, OCFS Phone #: 518-577-5017 Preparer's Signature: PROJULY RDH Date Prepared: 5 M/SI

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OC	FS			
Contract Number: T012465		Agency Business Unit: CFS01		
Contract Term: 02/01/2021 to 01/	/31/2022 Agency Department ID: 3400000		ID: 3400000	
Contractor Name: Abraham Nussbau	ım			
Contractor Address: 82 Hapeman Hil	ll Rd, Red Hook,	NY 12571		
Description of Services Being Provid	ed: Medical Ser	vices		
Scope of Contract (Choose one that b	•	·		
Data Processing Computer Pr	•		Convioro	
Engineering Architect Services	_ , ;	Environmental	Services	
	· · · · · · · · · · · · · · · · · · ·	al 🔲 Other Consul	ting	
	ralegal 🗌 Leg		ung	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1221.00 Pediatricians, General	1.00	32.00	\$5,000.00	
	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	φ <b>0.00</b>	
	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	

Name of person who prepared this report: Abraham Nussbaum

Title: MD

Phone #: 917-375-1437

Preparer's Signature: \_\_\_\_\_ Date Prepared: 04/21/2021

(Use additional pages, if necessary)

Page of

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: OCFS         Contract Number: T012513       Agency Business Unit: CFS01         Contract Term: 12/01/2020 to 11/30/2022       Agency Department ID: 3400000         Contractor Name: Lifespan PT, OT & SLP Services       Contractor Address: PO Box 1149 Moravia, NY 13118         Description of Services Being Provided: PT/OT/SLP       PT/OT/SLP			
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       Auditing			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1123.00	0.00	0.00	\$0.00
29-1122.00	0.00	0.00	<b>\$0</b> .00
29-1127.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Track Main Page	0.00	0.00	\$ 0.00
Total this Page Grand Total	0.00	0	\$0.00

Name of person who prepared this report: Margaret Vence

Mangahe Flence

Phone #: 315-605-7651

Title: Regional VP Preparer's Signature:

Date Prepared: 04/22/2021

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 21	ort	
Contracting State Agency Name: OC	FS			
Contract Number: T012520 Agency Business Unit: CFS01				
Contract Term: 3//1/2021 to 3//31/	/2021	Agency Department ID: 3400000		
Contractor Name: American Mobile E	Dental			
Contractor Address: 76 Progress Dr	Suite 123 Stamfo	ord CT 06902		
Description of Services Being Provide	ed: Dental			
Scope of Contract (Choose one that b	est fits):			
	·	ning		
Data Processing Computer Pro		Other IT consulting		
Engineering Architect Services		_	Services	
Health Services Mental Health	_ , ,			
	ralegal 🗌 Leg	al 🔲 Other Consul	tina	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
31.9092.00	1.00	56.00	\$1,950.00	
29-1021.00	1.00	0.00	\$0.00	
31-9091.00	1.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	56.00	\$1,950.00	
Grand Total	3.00	56	1950	

Name of person who prepared this report: Carole Burns

Title: Regional Director

Phone #: 315-515-3015

Preparer's Signature: <u>MMU</u> DWMA Date Prepared: 4//20/2021

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OC	FS		
Contract Number: T012521	Agency Business Unit: CFS01		
Contract Term: 03/21/2021 to 02/2	28/2022	Agency Department	ID: 3400000
Contractor Name: David V Malicki	•		
Contractor Address: 31 Bergen Wood	ds Dr Boght Cori	ners NY 12047	
Description of Services Being Provide	ed: Dental Servi	ices	
		· · · · · · · · · · · · · · · · · · ·	
Scope of Contract (Choose one that b	•		
		ining	
Data Processing Computer Pro	0 0	Other IT consulting	
Engineering Architect Services		Environmental	Services
Health Services Mental Health			
Accounting Auditing Pa	iralegal 🗌 Leg	al 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Dentist 29-1021.00	1.00	3.75	\$3,000.00 / MONTH
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
	1.001	0.00	ψ 0.00 Ι

aluh

Name of person who prepared this report: David V Malicki

Title: Dentist Preparer's Signature:

Date Prepared: 04/29/2021

(Use additional pages, if necessary)

Phone #: (518)791-8461

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021				
Contracting State Agency Name: OCFS Contract Number: Agency Business Unit: CFS01 Contract Term: 04/01/2020 to / / Agency Department ID: 3400000 Contractor Name: Penda Aiken Inc Contractor Address: 330 Livingston Street, Brooklyn, NY 11217 Description of Services Being Provided: Medial/Healthcare Services				
Scope of Contract (Choose one that best fits):         Analysis       Evaluation       Research       Training         Data Processing       Computer Programming       Other IT consulting         Engineering       Architect Services       Surveying       Environmental Services         Health Services       Mental Health Services       Other Consulting				
Number ofNumber ofAmount PayableEmployment CategoryEmployeesHours WorkedUnder the Contract				
29-1141.00	1.00	210.25	\$9,319.50	
	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	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	210.25	\$9,319.50	
Grand Total 1.00 210				

Name of person who prepared this report: Kendra Edwards

Title: Compliance and Outreach/Administrator Preparer's Signature: Date Prepared: 05/04/2021

Phone #: 718-643-4880