Children & Family Services 3400000

	New	Yor	k St	ate C	Consul	tant	Ser	/ices	3
Co	ntrac	tor':	s Ar	nnua	l Emp	loyn	nent	Re	port
-		_ ·							

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name:	OCFS		
Contract Number: C026923	Agency Business Unit: CFS01		
Contract Term: 7/01/13 to 06/30/1	Agency Department	ID: 3400000	
Contractor Name: Nursefinders			
Contractor Address: PO BOX 910738	B Dallas, TX 753	91	
Description of Services Being Provide	ed: Nursing		
Scope of Contract (Choose one that b			
		ining	
Data Processing Computer Pro	• • -	Other IT consulting	
Engineering Architect Services		Environmental	Services
Health Services Mental Health		_	
Accounting Auditing Pa	ralegai 🗌 Leg	al 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Registered Nurses	4	434.00	\$23,870.00
5	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
·······	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
······································	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00
Total this Page	4.00	434.00	\$23,870.00
Grand Total	4.00	434	\$23,870.00

8

Name of person who prepared this report: Maisie Hillenbrandt

Title: Branch Director Preparer's Signature: Phone #: 518-458-2778

Date Prepared: 5//03/2018

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018							
Contracting State Agency Name: OCFS Contract Number: CO26926 Agency Business Unit: CFS01 Contract Term: 7 101113 to 6 130/2013 Agency Department ID: 3400000 Contractor Name: Total Healthcare Staffing Contractor Address: 2527 Merrick Rd Belimore NY 11710 Description of Services Being Provided: Mechical							
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	Z	547.50	5200x have				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	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			\$28,470,0%				

Name of person who prepared this report: Heatiner Grieser Title: Director of Fiscal Services Pho

Title: Director of Fiscal Services Preparer's Signature: <u>Hypersc</u> Date Prepared: 412012018 Phone #: 516-409-9211

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, 2017 TO MARCH 31, 2018

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u> Agency Code: <u>340000</u> Contract Number: <u>CO27777</u>								
Contract Term: 03/31/2017 to 03/30/2018 Contractor Name: Cornell University								
								Contractor Address: 373 Pine Tree Rd., Ithaca NY 14850
Description of Services Being Provided:	11000	tervention Training and	Technical Assistance					
Scope of Contract (Choose one that best f								
Analysis Evaluation	Research							
Data Processing Computer Program			ineering					
Architect Services Surveying	_		Health Services					
Mental Health Services Accounting	Auditing	alegal						
Legal Other Consulting								
Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period					
25-9099.00	17	4,844	\$231,890.00					
*See OCFS-4842 Form A for explanation of								
hours.								
Total this page	17	4,844	\$231,890.00					
Grand Total	17	4,844	\$231,890.00					

Name of person who prepared this report:

Kristen Carlison

Title: **Program Assistant** Phone #: 607-255-5440 au de **Preparer's Signature:** list 05/14/2018

Date Prepared:

(Use additional pages, if necessary)

Page of

FORM

AC 3272-S (Effective 4/12)								
FORM B	ORMB							
Contractor's	Annual Em	ultant Services ployment Repo to March 31, 201						
Contracting State Agency Name: Contract Number: C027793 Contract Term: 06/01/2016 to 05/ Contractor Name: YAWS Environme Contractor Address: PO Box 4796, It Description of Services Being Provid	ntal Process Co haca, NY 14852							
Data Processing Computer Pro Engineering Architect Services Health Services Mental Health	search 🗌 Tra ogramming 🚺 s 🗌 Surveying							
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract					
Refuse and recyclable material collectors	9.00	6,624.00	\$122176.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					

0.00

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0.00

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0.00

0.00

9.00

9.00

Name of person who prepared this report: John McGrath

11

Title: Operations Manager

Preparer's Signature:

Date Prepared: 4/20/2018

Phone #: 607-423-4129

0.00

0.00

0.00

0.00

0.00

0.00

6,624

6,624.00

(Use additional pages, if necessary)

Total this Page

Grand Total

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$122,176.00

\$122,176.00

ACC.	1100	Only:
Uau.	UBE	Unity:

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, 2017 TO MARCH 31, 2018

FORM B

Contracting State Agency Name: NYS Off	lice of Ch	ildren and l	amily Services	Age	ency Code: <u>3400000</u>	
Contract Number: <u>C027801</u>			_			
Contract Term: 3/1/2016 to 2/28/2021		_	_			
Contractor Name: Western New York S	Speech-L	anguage Pa	<u>ithology, OT an</u>	d PT C	Consultants, PLLC	
Contractor Address: _590 Fishers Station	<u>n Dr. Sui</u>	te 130, Vict	or. NY 14564			
Description of Services Being Provided:	Speech	<u>Therapy</u> a	nd Language De	evelopi	ment Services	
	_					
Scope of Contract (Choose one that best	fits):					
Analysis 🗌 Evaluation		Research	n	🗌 Trai	ining	
🗌 Data Processing 👘 🗌 Computer Progra	amming	🗌 Other iT	consulting	🗌 Eng	lineering	
Architect Services Surveying		Environn	nental Services	🖾 Hea	alth Services	
Mental Health Services Accounting		🗌 Auditing		🗌 Par	alegal	
Legal Other Consulting	I					
Employment Category http://www.onetcodeconnector.org/		nber of ployees	Number of Ho Worked Duri Reporting Per	ng	Amount Paid During Reporting Period	
25-2054.00		1		192	\$26,325.00	
29-1127.00		1		92	\$12,946.94	
			_			
	-			_		
		_				
Total this page		2		284	\$39,271.94	
Grand Total		_				

 Name of person who prepared this report:
 Christine Marzano

 Title:
 Business Office
 Phone #: 585-924-7207

 Preparer's Signature:
 Image: Imag

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018						
Contracting State Agency Name: OCFS Contract Number: C027866 Agency Business Unit: CFS01 Contract Term: 06/15/2017 to 06/14/2018 Agency Department ID: 3400000 Contractor Name: CBH Medical PC Contractor Address: 980 Harvest Drive, Blue Bell, PA 19422 Description of Services Being Provided: Medical Services						
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			
29-1065.00 (Pediatrician)	0.20	488.50	\$36,166.00			
			<i>vvvvvvvvvvvvv</i>			
29-1071.00 (Physician Assistant)	1.00	2,127.25	\$135,200.00			
29-1071.00 (Physician Assistant) 29-1141.01 (Registered Nurse)	1.00 4.80	2,127.25 7,357.75				
			\$135,200.00			
29-1141.01 (Registered Nurse)	4.80	7,357.75	\$135,200.00 \$413,358.00			
29-1141.01 (Registered Nurse)	4.80	7,357.75 1,137.00	\$135,200.00 \$413,358.00 \$22,122.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00	7,357.75 1,137.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$0.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00 0.00	7,357.75 1,137.00 0.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$0.00 \$0.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00 0.00 0.00	7,357.75 1,137.00 0.00 0.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$0.00 \$0.00 \$0.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00 0.00 0.00 0.00	7,357.75 1,137.00 0.00 0.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00 0.00 0.00 0.00 0.00 0.00 0	7,357.75 1,137.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00 0.00 0.00 0.00 0.00 0.00 0	7,357.75 1,137.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00 0.00 0.00 0.00 0.00 0.00 0	7,357.75 1,137.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
29-1141.01 (Registered Nurse)	4.80 0.60 0.00 0.00 0.00 0.00 0.00 0.00 0	7,357.75 1,137.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$135,200.00 \$413,358.00 \$22,122.00 \$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: Kathryn D Schrader

Title: Assistant Controller, CMC Inc. Authorized Agent Preparer's Signature: <u>Authorized Agent</u> Date Prepared: 05/07/2018

Phone #: 215-542-5800

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children and Family ServicesContract Number: C027985Agency Business Unit: CFS01Contract Term: 02/01/2017 to 12/31/2021Agency Department ID: 3400000Contractor Name: Henry D. Gerson, M.D., P.C.Contractor Address: 310 Taughannock Blvd., 3rd FloorIthaca, NY 14850Description of Services Being Provided: Psychiatric Services							
Scope of Contract (Choose one that best fits): Analysis Evaluation Data Processing Computer Programming Data Processing Computer Programming Engineering Architect Services Health Services Surveying Accounting Paralegal							
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract				
29-1066.00	1.00	570.80	\$191,224.70				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00 \$0.00				
Tatal this Dags	1.00	570.80	\$0.00				
Total this Page	1.00	570.80	\$191,224.70				

Name of person who prepared this report: Henry Gerson

7 Her

Title: President Preparer's Signature:

Date Prepared: / 1141 18

Phone #: 917-539-0445

New Y	ork State Consultant Services
Contracto	or's Annual Employment Report
Report Pe	eriod: April 1, 2017 to March 31, 2018
Report Pe	eriod: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Of	fice of Children ar	nd Family Services	
Contract Number: C027987	Agency Business Unit: CFS01		
Contract Term: 03/01/2017 to 12/31/2021 Agency Department ID: 3400000			ID: 3400000
Contractor Name: Henry D. Gerson,	M.D., P.C.		
Contractor Address: 310 Taughanno	ock Blvd., 3rd Floor	r Ithaca, NY 14850	
Description of Services Being Provid	led: Psychiatric S	Services	
Soone of Contract (Chasses and that I	and fitaly		
Scope of Contract (Choose one that I		ning	
Data Processing Computer Pl		Other IT consulting	
Engineering Architect Service	-		Convisor
Health Services Mental Health	_ , .		Services
			lin a
Accounting Auditing Pa	aralegal 🗌 Leg	al 🗌 Other Consult	ung
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1066.00	1.00	939.40	\$314,712.4
	0.00	0.00	\$0.0
	0.00	0.00	\$0.0
	0.00	0.00	\$0.0
	0.00	0.00	\$0.00
	0.00	0.00	\$0.0
	0.00	0.00	\$0.0
	0.00	0.00	\$0.00
	0.00	0.00	\$0.0
	0.00	0.00	\$0.0
	0.00	0.00	\$0.0
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	939.40	\$314,712.4
Grand Total	1.00	939	\$314,712.4

Name of person who prepared this report: Henry Gerson

ilans the

Title: President

Phone #: 917-539-0445

Preparer's Signature: _

Date Prepared: 4/16/2018

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018				
Contracting State Agency Name: OCFS Contract Number: C028006 Agency Business Unit: CFS01 Contract Term: 7/01/2017 to 6/30/2020 Agency Department ID: 3400000 Contractor Name: Trillium Psychiatry, PLLC Contractor Address: 200 TRILLIUM LN ALBANY NY 12203 Description of Services Being Provided: Psychiatry Consulting				
Scope of Contract (Choose one that best fits): Analysis Evaluation Data Processing Computer Programming Data Processing Architect Services Engineering Architect Services Health Services Mental Health Services Accounting Paralegal				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Employment Category Psychiatrist 29-1066.00				
	Employees	Hours Worked	Under the Contract	
	Employees 1.00	Hours Worked 359.88	Under the Contract \$120,563.20	
	Employees 1.00 0.00 0.00 0.00	Hours Worked 359.88 0.00 0.00 0.00	Under the Contract \$120,563.20 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00	Hours Worked 359.88 0.00 0.00 0.00 0.00	Under the Contract \$120,563.20 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 359.88 0.00 0.00 0.00 0.00 0.00	Under the Contract \$120,563.20 \$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 359.88 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$120,563.20 \$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 0.00	Hours Worked 359.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$120,563.20 \$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 0.00 0.00	Hours Worked 359.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$120,563.20 \$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 0.00	Hours Worked 359.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$120,563.20 \$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 0.00 0.00 0.00	Hours Worked 359.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$120,563.20 \$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 0.00 0.00 0.00 0.00	Hours Worked 359.88 0.00 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 \$120,563.20 \$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 359.88 0.00 0.00 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 \$120,563.20 \$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: Igor Epstein

Ċ

Title: Psychiatrist

Preparer's Signature:

Date Prepared: 4/17/2018

Phone #: 518-350-7070

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Off Contract Number: C028156 Contract Term: 12/01/2017 to 11/ Contractor Name: Henry D. Gerson, Contractor Address: 310 Taughanno Description of Services Being Provid	30/2018 M.D., P.C. ick Blvd., 3 rd Floo	Agency Business Ur Agency Department r Ithaca, NY 14850		
Scope of Contract (Choose one that best fits): Analysis Evaluation Data Processing Computer Programming Engineering Architect Services Health Services Surveying Health Services Mental Health Services Accounting Paralegal				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1066.00	1.00	154.7	\$57,688.18	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	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				

Name of person who prepared this report: Henry Gerson

Course Ken

Title: President

Phone #: 917-539-0445

Preparer's Signature:

Date Prepared: 4/16/2018

FORM S

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contract , state Agency Name: NYS OCFS	Agency Code: 3400000
Contract Number: PH65773	
Contract Term: 10/01/2012 to 09/30/2018	
Contractor Name. IIT Inc	
Contractor Address. 6 CORNISH COURT, SUITE 101	, 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 Description Computer Programming Environmental Services Health Services Mental Health Services Auditing Paralegal Legal Other Consulting Description				
Employment Categor,	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
15-1121.00 Computer Systems Analysts	8	9099.25	643378.16	
15-1131.00 Computer Programmers	8	8660.75	694263.57	
Total this page	16	17760.00	1337641.74	
Grand Total	16	17760.00	1337641.74	

Name of person who prepared this report:	Dinesh Gulati
Preparer's Signature: the heat	
Title: Managing Director	Phone #: 631-254-8600 215
Date Prepared: 4/17/2018	

Use additional pages if necessary)

Page 1 of 1

FORM 8

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: ITS.OCFS	Agency Code: 3400000
Contract Number: PH65773	
Contract Term. 10/01/2012 to 09/30/2018	
Contractor Name: IIT Inc	
Contractor Address: 6 CORNISH COURT, SUITE 10	1, 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 Computer Programming Processing Research Research Research Consulting Research Computer Programming Research Consulting Research Research Consulting Research Research Consulting Research Research Consulting Research				
Employment Category	Number of Employees	Number of Hours Worked	Arnount Payable Under the Contract	
15-1131.00 Computer Programmers	5	4640.25	339315.33	
		4640.25	339315.33	
Total this page	5	4040,20	335319.33	

Name of person who prepared this repo	ori: Dinesh Gulati
Preparer's Signature: the fult -	
Title: Managing Director	Phone #: 631-254-8600 215
Date Prepared: 4/17/2018	

Use additional pages if necessary)

Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NY	S Office of Child	ren and Family Servi	ces (OCFS)
Contract Number: PH65776		Agency Business U	nit:
Contract Term: 11/01/2012 to 10/	31/2018	Agency Department	ID: 3400000
Contractor Name: Knowledge Build	ers Inc.		-
Contractor Address: 1977 Western A	Avenue; Ste #1;	Albany, NY - 12203	
Description of Services Being Provid	ed: Business A	nalyst	
Scope of Contract (Choose one that b	'		
		ining	
Data Processing Computer Pro		Other IT consulting	
Engineering Architect Services	_ , ,	Environmental	Services
Health Services Mental Health		_	
Accounting Auditing Pa	ralegal 🗌 Leg	gal 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121	1	1,417.00	\$103,441.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,417.00	\$103,441.00
Grand Total	1	1,417.00	\$103,441.00

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Phone #: 518-810-7478

Klemijan

Preparer's Signature:

Date Prepared: 04/18/2018

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NY Contract Number: PH65776	S Office of Chil	dren and Family Sei Agency Business Ur			
Contract Term: 11/01/2012 to 10/3	31/2018				
Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: 3400000 Contractor Name: Knowledge Builders Inc.					
Contractor Address: 1977 Western A		Albany, NY - 12203			
Description of Services Being Provide	•	•			
	0				
Scope of Contract (Choose one that b	•				
		ining			
Data Processing Computer Pro	0 0 -	Other IT consulting			
Engineering Architect Services	_ , ,	g 🔲 Environmental	Services		
Health Services Mental Health		_			
Accounting Auditing Pa	ralegal Leg	gal 🗌 Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
15-1132	1	1,165.00	\$95,413.50		
	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	1,165.00	\$95,413.50		
Grand Total	1	1,165.00	\$95,413.50		

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Phone #: 518-810-7478

Preparer's Signature:

Klingary

Date Prepared: 04/18/2018

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NY	S Office of Chil	dren and Family Sei	vices (OCFS)	
Contract Number: PH65776		Agency Business Ur	nit:	
Contract Term: 11/01/2012 to 10/31/2018 Agency Departme		Agency Department		
Contractor Name: Knowledge Build	ers Inc.		-	
Contractor Address: 1977 Western A	Avenue; Ste #1;	Albany, NY - 12203		
Description of Services Being Provid	ed: Specialist			
Scope of Contract (Choose one that b	=			
		ining		
Data Processing Computer Pr		Other IT consulting		
Engineering Architect Services		Benvironmental	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	
15-1132	Employees 7			
13-1132	0.00	8,534.75	\$449,013.20 \$0.00	
		0.00	\$0.00	
	0.00		• -	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
Total this Page	7	8,534.75	\$449,013.20	
Grand Total	7	8,534.75	\$449,013.20	

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Phone #: 518-810-7478

Preparer's Signature:

Klanjary

Date Prepared: 04/18/2018

OSC Use Only: Reporting Code: Category Code:

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

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Workman Compensation Board	_
Agency Code: MARNAWAX 3400000	
Contract Number: PR65777/PH65777	
Contract Term: 11 / 01 / 2012 to 10/ 30 / 2018	
Contractor Name: Logic House Ltd.	
Contractor Address: 49950 Jefferson Street, Suite 130-391, Indio CA 92201	
Description of Services Being Provided: Various Hourly Based IT Services	
Agency Business Unit: unknown Agency Department ID: unknown	

Scope of Contract (Choose one that Analysis Evaluation Resea Data Processing Computer Prog Engineering Architect Services Health Services Mental Health Se Accounting Auditing Parale	rch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Computer Programmer	4	5,216.5	\$ 357,203
	<u> </u>		_
Total this page	4	5,216.5	\$ 357,203
Grand Total	4	5,216.5	\$ 357,203
Name of person who prepared this	report: Keith A. H	ouse	/

Name of person who prepared this report:	Keith A. House	-1_allal			
Preparer's Signature:		Hathlefter			
Title: Vice President	Phone #:	310 871-2790			
Date Prepared: 5 /7/2018					
Use additional pages if necessary)	-	Page	: 1	of	1

Page 1 of 1

New	York	State Co	onsultant S	Services
Contract	or's	Annual	Employm	ent Report

Report Period: April 1, 2017 to March 31, 2018

r			
Contracting State Agency Name: Of	fice of Children &	-	
Contract Number: PH65780		Agency Business Ur	nit: CFS01
Contract Term: 11/1/2012 to 10/3	1/18	Agency Department	ID:
Contractor Name: MVP Consulting P		340000	
Contractor Address: 435 New Karner	340000		
Description of Services Being Provid	ed: Computer C	onsulting (Various)	
Scope of Contract (Choose one that b	•		
	_	ining	
Data Processing Computer Pro		Other IT consulting	. .
Engineering Architect Services		g 🗌 Environmental	Services
Health Services Mental Health			
Accounting Auditing Pa	iralegai 🗌 Leg	gal 🔄 Other Consul	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1199.09	1.00	56.00	\$4,569.60
	1.00	231.00	\$18,849.60
	1.00	666.00	\$47,219.40
	1.00	475.00	\$38,760.00
	1.00	989.00	\$70,120.10
	1.00	1,724.00	\$142,454.12
	1.00	1,750.00	\$144,561.19
	1.00	1,136.00	\$93,867.68
15-1151.00	1.00	240.00	\$20,760.00
	1.00	1,240.00	\$107,260.00
15-1131.00	1.00	864.00	\$63,936.00
	1.00	773.00	\$57,202.00
	1.00	970.00	\$71,780.00
Total this Page	13.00	11,114.00	\$881,339.69
Grand Total			

Name of person who prepared this report: Ilakumari N. Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IIN Paren

Date Prepared: 4/17/2018

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children & Family Services					
Contract Number: PH65780		Agency Business Unit: CFS01			
Contract Term: 11/1/2012 to 10/3	Agency Department				
Contractor Name: MVP Consulting F	Ylus, Inc.		3400000		
Contractor Address: 435 New Karne	r Road Albany, N	IY 12205			
Description of Services Being Provid	ed: Computer C	onsulting (Various)			
	_				
Scope of Contract (Choose one that b	·				
_ , * _ _ _ *		ining			
Data Processing Computer Pr		Other IT consulting			
Engineering Architect Service		Environmental	Services		
Health Services 🛛 🗌 Mental Health	Services				
Accounting Auditing Pa	aralegal 🗌 Leg	al 🗌 Other Consul	ting		
	Number of	Number of	Amount Payable		
Employment Category	Employees	Hours Worked	Under the Contract		
	· · · · · · · · · · · · · · · · · · ·				
15-1131.00	1.00	1,259.00	\$84,185.20		
15-1131.00	1.00 1.00	1,259.00	\$84,185.20 \$94,461.00		
15-1131.00					
15-1131.00	1.00	1,277.00	\$94,461.00		
15-1131.00	1.00	1,277.00 1,913.00	\$94,461.00 \$141,525.00		
15-1131.00	1.00 2.00 1.00	1,277.00 1,913.00 1,805.00	\$94,461.00 \$141,525.00 \$135,211.19		
15-1131.00	1.00 2.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00		
	1.00 2.00 1.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50 2,008.00	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00 \$150,459.44		
15-1131.00	1.00 2.00 1.00 1.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50 2,008.00 1,438.00	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00 \$150,459.44 \$107,711.88		
	1.00 2.00 1.00 1.00 1.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50 2,008.00 1,438.00 1,008.00	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00 \$150,459.44 \$107,711.88 \$75,529.44		
	1.00 2.00 1.00 1.00 1.00 1.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50 2,008.00 1,438.00 1,008.00 949.80	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00 \$150,459.44 \$107,711.88 \$75,529.44 \$71,164.77		
	1.00 2.00 1.00 1.00 1.00 1.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50 2,008.00 1,438.00 1,008.00 949.80 952.00	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00 \$150,459.44 \$107,711.88 \$75,529.44 \$71,164.77 \$71,333.36		
15-1131.00	1.00 2.00 1.00 1.00 1.00 1.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50 2,008.00 1,438.00 1,008.00 949.80 952.00 674.00	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00 \$150,459.44 \$107,711.88 \$75,529.44 \$71,164.77 \$71,333.36 \$50,502.82		
	1.00 2.00 1.00 1.00 1.00 1.00 1.00 1.00	1,277.00 1,913.00 1,805.00 456.50 2,008.00 1,438.00 1,008.00 949.80 952.00 674.00 571.30	\$94,461.00 \$141,525.00 \$135,211.19 \$33,781.00 \$150,459.44 \$107,711.88 \$75,529.44 \$71,164.77 \$71,333.36 \$50,502.82 \$38,690.76		

Name of person who prepared this report: Ilakumari N. Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN face 4

Date Prepared: 4/17/2018

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Of	fice of Children &	& Family Services	
Contract Number: PH65780	Agency Business U	nit: CFS01	
Contract Term: 11/1/2012 to 10/3	Agency Department	:1D:	
Contractor Name: MVP Consulting F		3460000	
Contractor Address: 435 New Karne	r Road Albany, I	NY 12205	
Description of Services Being Provid	led: Computer C	Consulting (Various)	
Scope of Contract (Choose one that b	<i>,</i>		
		ining	
Data Processing Computer Pr	° ° –	Other IT consulting	0
Engineering Architect Services	_	g 🗍 Environmental	Services
Health Services Mental Health			
Accounting Auditing Pa	uralegal 🗌 Leg	gal 🗌 Other Consul	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.00	2.00	1,110.00	\$55,620.67
	1.00	420.00	\$31,857.00
15-1199.02	1.00	2,046.00	\$172,844.75
15-1199.01	1.00	391.00	\$19,065.16
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	5.00	3,967.00	\$279,387.58
Grand Total	32.00	30,420	\$2,292,290.61

Name of person who prepared this report: Ilakumari N. Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Pater

Date Prepared: 4/17/2018

Ne	ew '	Yor	kΞ	Stat	еC	Cor	nsu	Ita	Int	Se	rvic	ces	
Contr	act	or':	s A	nn	ua	I E	m	olo	byn	nei	nt F	Rep	ort
					1.4	~~	4 7				0.4	00	0

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: ITS	5/Office of Childr	en & Family Services				
Contract Number: PH65780		Agency Business U	nit: CFS01			
Contract Term: 11/1/2012 to 10/3	Contract Term: 11/1/2012 to 10/31/18 Agency Department ID 1.50					
Contractor Name: MVP Consulting F	3400000					
Contractor Address: 435 New Karne	r Road Albany, N	NY 12205				
Description of Services Being Provid	led: Computer C	Consulting (Various)				
Scope of Contract (Choose one that b						
		lining				
Data Processing Computer Pr	•	Other IT consulting	0			
Engineering Architect Services	_ ,,	B Environmental	Services			
Health Services Mental Health						
	iralegal 🗌 Leg	gai 🗌 Other Consul				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
15-1131.00	1.00	198.50	\$14,689.00			
	1.00	918.80	\$61,446.00			
	1.00	960.00	\$71,040.00			
	1.00	1,039.00	\$76,886.00			
	1.00	1,398.00	\$93,464.80			
15-1151.00	1.00	920.50	\$79,623.25			
15-1121.00	1.00	771.30	\$45,395.78			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
Total this Page	7.00	6,206.10	\$442,544.83			
Grand Total	7.00	6,206	\$442,544.83			

Name of person who prepared this report: Ilakumari N. Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: <u>T. N. (Zate 1</u> Date Prepared: 4/16/2018

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children & Family Services Agency Code 3400000 Contract Number: PH65781 Contract Term: 11/1/2012 to 10/31/2018 Contractor Name: Precision Task Group Contractor Address: 9801 Westheimer Suite 803 Description of Services Being Provided: IT Services

Scope of Contract (Choose one tha Analysis Evaluation Rese Data Processing Computer Pro Engineering Architect Services Health Services Mental Health S Accounting Auditing Paral	arch	er IT consulting Environmental Service	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Programmer	1	520	\$36,238.80
Total this page	1	520	\$36,238.80
Grand Total	1	520	\$36,238.80

Name of person who prepaged this report: Mich	ael Baudler		
Preparer's Signature: Masone	<u> </u>		_
Title: CFO	Phone #: 713-787-1112		
Date Prepared: 5/9/2018			
Use additional pages if necessary)		Page	of

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018			
Contracting State Agency Name: Office of Children & Family Services Contract Number: PH 65782 Agency Business Unit: CFS01 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: 3400000 Contractor Name: PSI INTERNATIONAL Inc. Contractor Address: 11200 Waples Mill Road, Suite 200 Fairfax VA 22030 Description of Services Being Provided: IT Services			
Scope of Contract (Choose one that best fits): Analysis Evaluation Data Processing Computer Programming Engineering Architect Services Health Services Mental Health Services Accounting Paralegal			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Business Analyst - Expert	7	5,880.00	\$428,037.60
Business Analyst - Junior	3	1,727.10	\$71,467.40
Business Analyst - Senior	24	21,582.30	\$1,338,748.08
Programmer - Expert	28	26,613.25	\$2,065,720.47
Programmer - Senior	2	1,318.50	\$86,572.71
Project Manager - Expert	2	1,926.50	\$182,555.14
Specialist - Expert	3	2,071.25	\$163, <u>590.75</u>
Specialist-Mid Level	32	28,228.50	\$1,459,673.12
Specialist-Senior	1	1,698.00	\$121,339.08
Technical Architect - Expert	2	1,862.00	\$164,042.20
Tester-Senior	1	1,373.80	\$69,830.25
Total this Page	105	94,281.20	\$6,151,576.79
Grand Total	105	94,281.20	\$6,151,576.79

Name of person who prepared this report: Quy Nguyen

Title: CONTROLLER

Phone #: 703-621-5855

Preparer's Signature: _______

Date Prepared: 05/8/2018

(Use additional pages, if necessary)

Page 01 of 01

AC 3272-S (Effective 4/12)

FORM B

New York	State Consultant Services
Contractor's	Annual Employment Report
	1 A 114 00471 M 1 04 0040

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NYS OCFS

Contract Number: PR65774

Contract Term: 04/01/2017 to 03/31/2018

Agency Business Unit: CFS 01 Agency Department ID: 3400000

Contractor Name: InfoPeople Corporation Contractor Address: 450 Seventh Avenue, Suite 1106, NY NY 10123

Description of Services Being Provided: IT Staff Augmentation Services

Data Processing Computer P Engineering Architect Service Health Services Mental Healt	esearch	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1133.00 Software Developer/Systems Software	1.00	1,977.00	\$96,220.59
Developen dysterna dottware	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	1,977.00	\$96,220.59
Grand Total	1.00	1,977	\$96,220.59

Name of person who prepared this report, Douglas Bernstein

Title: VP

Phone #: 646-790-8252

Preparer's Signature:

Date Prepared: 5//10/2017

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children and Family Services				
Agency Code: MRXXXXXX 3400000				
Contract Number: PR65777/PH65777				
Contract Term: 11 / 01 / 2012 to 10/ 30 / 2018				
Contractor Name: Logic House Ltd.				
Contractor Address: 49950 Jefferson Street, Suite 130-391, Indio CA 92201				
Description of Services Being Provided: Various Hourly Based IT Services				
Agency Business Unit: unknown Agency Department ID: unknown				

Scope of Contract (Choose one that Analysis Evaluation Resea Data Processing Computer Prog Engineering Architect Services Health Services Mental Health Se Accounting Auditing Parale	rch [] Training [] ramming X Other I] Surveying [] ervices []				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Computer Programmer	2	3,586.5	\$ 286,604		
			· · · ·		
			·		
			4 +++ +		
Total this page	2	3,586.5	\$ 286,604		
Grand Total 2 3,586.5 \$ 286,604					

Name of person who prepared this report: Preparer's Signature :	Keith A. House
Preparer's Signature :	
Title: Vice President	Phone #: 310 871-2790
Date Prepared: 5 /7/2018	
Use additional pages if necessary)	Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1,201 to March 31,2019							
Contracting State Agency Name: NYD Office of Children and Family Services Contract Number: SO10153 Agency Business Unit: CFS01 Contract Term: SI 113 to 913417 Agency Department ID: 3400000 Contractor Name: Bruce H. David IDO. Contractor Address: 400 East 89% St., Apt 8 J, NX, NY 10128 Description of Services Being Provided: Pychia tric Services							
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Engineering Architect Services Health Services Mental Health Services							
Employment Category	Accounting Auditing Paralegal Legal Other Consulting Employment Category Number of Number of Amount Payable Employees Hours Worked Under the Contract						
Pavelistrict							
P-ychiatrivt 29-1066.00	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00 0.00 \$0.00						
0.00 0.00 \$0.00							
0.00 0.00 \$0.00							
0.00 0.00 \$0.00							
0.00 0.00 \$0.00							
0.00 0.00 \$0.00							
Total this Page 0.00 0.00 \$ 0.00							
Grand Total		501	\$ 100,200%				

Name of person who prepared this report: Bruce Hilaudillo Title: Prychiatrist Preparer's Signature:

Date Prepared: 57/10/18

(Use additional pages, if necessary)

Page | of/

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: C	OCFS			
Contract Number: S010159	Agency Business Unit: CFS01 Agency Department ID: 3400000			
Contract Term: 8/1/2014 to 7/31/2019				
Contractor Name: Ian S. Goldberg				
Contractor Address: 156 87th Stree	t, Brooklyn, NY 11	209		
Description of Services Being Prov	ided: Psychiatry			
Scope of Contract (Choose one that	,			
		ining		
Data Processing Computer	3 \$	Other IT consulting	• ·	
Engineering Architect Servic		g 🗌 Environmental	Services	
Health Services Mental Hea				
Accounting Auditing	ParalegalLeg	gal 🗌 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Psychiatrist 29-1066.00	1.00	347.58	\$55,612.80	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	347.58	\$55,612.80	
Grand Total	1.00	347	\$55,612.80	

Name of person who prepared this report: Ian S. Goldberg

Title: Psychiatrist Preparer's Signature: Date Prepared: 05/10/2018

Phone #: (917) 975-5259

OSC Use Only:		1. A. A.	-
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, 20 17 TO MARCH 31, 20 18

FORM B

Contracting State Agency Name: NYS	Office of Children and F	amily Services A	gency Code: 3400000
Contract Number: _S010136/			
Contract Term: 411117 to 313/	118		
Contractor Name: Snehal R Sheth M	1D		
Contractor Address: 454 Country Cl	ub Lane. Kingston. NY	12401	
Description of Services Being Provider			
Scope of Contract (Choose one that be Analysis Evaluation Data Processing Computer Processing Architect Services Surveying Mental Health Services Accounting Legal Other Consult	Gramming Gramming Cother IT of Environm Auditing	consulting ental Services He	aining ngineering ealth Services aralegal
Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1	356.25	\$67,687.50
Total this page	0	356.25 0	\$ 67,687.5 \$ 689
Grand Total		-11 nr	1 1 1 10

Title:	Child & Adolescent Psychiatrist
--------	---------------------------------

1181 18

4

Snehal R Sheth MD

Phone #: 845-797-5252

Date Prepared:

Preparer's Signature:

OSC	Use	Only
000	Uac.	VIII Y

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, 20/7 TO MARCH 31, 20/8

FORM B

Contracting State Agen	cy Name: NYS Office of C	hildren and F	amily Services	Age	ncy Code: 3400000
Contract Number: S(010171				
Contract Term: 4111	17 to 3 13/1 18				
Contractor Name: Sr					
	454 Country Club Lane. K	ingston NY	12401		
Description of Services		iatric Service			
Scope of Contract (Cho	and the second				
Analysis	Evaluation	Research		Train	ling
Data Processing	Computer Programming	Other IT c	onsulting	🗌 Engir	neering
Architect Services	Surveying	Environme	ental Services	🗌 Heal	th Services
Mental Health Services	Accounting	Auditing		🗌 Para	legal
Legal	Other Consulting				
Employment C http://www.onetcode		Imber of Iployees	Number of Ho Worked Duri Reporting Pe	ing	Amount Paid During Reporting Period
Psychiatrist 29-1066.0	0	.1	349.	5	69,900
				_	
Total this page		0	349	5.0	63,900 \$ 0.00
Grand Total			349.5	his	\$69.900

Name of person who prepared this report:

Child & Adolescent Psychiatrist

41/87/8

Snehal R Sheth MD

Phone #:

845-797-5252

Preparer's Signature:

Title:

Date Prepared:

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OFFICE OF CHILDREN AND FAMILY SERVICES Contract Number: SOIDI74 Agency Business Unit: CFSOI Contract Term: 12/1/2015 to 11/2020 Agency Department ID: 3400000 Contractor Name: Elizabeth Harre Contractor Address: 402 Bonnic Bree Ave. Rochester, NY. 14618 Description of Services Being Provided: Supervising Psychiatrist						
Scope of Contract (Choose one that best fits): Analysis Evaluation Data Processing Computer Programming Engineering Architect Services Health Services Surveying						
Accounting Auditing Pa	ralegal 🗌 Leç	gal 🔲 Other Consul	ting			
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract						
29-1066.00	0.00	574.6 0.00	114,920 \$0.00			
	0.00	Ó.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	. \$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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		574.6	\$114,920.00			

Name of person who prepared this report: Elizabeth Harre Title: Supervising Psychiatrist Phon

Phone #: 347-308-4672

Preparer's Signature: 2

Date Prepared: 5/14/ 2018

Page of

Contractor's	Annual Em	altant Services ployment Repo to March 31,2 ©			
Contracting State Agency Name: N Contract Number: SOIOI91 Contract Term: rc/\//{ to I(13) Contractor Name: Bruce H- Contractor Address: 400 Ear- Description of Services Being Provide	219 David, 0.0. + 89th st.,,	Agency Business Ur Agency Department	nit: UFSO) ID: 3400000		
Scope of Contract (Choose one that best fits): Analysis Evaluation Data Processing Computer Programming Data Processing Architect Services Engineering Architect Services Health Services Mental Health Services Accounting Auditing					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Psychiatrivt	@.00	TY2 0.00	14572050.00		
29-1000,00	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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		
Total this Page	0.00	0.00	\$ 0.00		
Grand Total		585	\$ 145,750 -		

Name of person who prepared this report: Bruce H. Pavid, Phone #: 3473028034 Title: Prychiatrint Preparer's Signature:

Date Prepared: 51/11 (8

(Use additional pages, if necessary)

Page (of |

Contractor's	Annual Em	ultant Services ployment Repo to March 31, 201	
Contracting State Agency Name: C Contract Number: S010192 Contract Term: 02/01/2017 to 12/ Contractor Name: Mark Cattalani Contractor Address: 28 East Street, Description of Services Being Provid	Skaneateles, NY		
Data Processing Computer Processing Engineering Architect Service Health Services Mental Health	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist 29-1066.00	1.00	324.50	\$68,145.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$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

...

Title: MD

Phone #: 617-365-2817

Date Prepared: 04/19/2018- t

Preparer's Signature:

A

OCFS-4843 (4/2014)

osc	Use	Onl	y:

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, 20/7 TO MARCH 31, 20/8

FORM B

Contracting State Agency Name: NYS Of	fice of Children and F	amily Services Ag	gency Code: <u>3400000</u>
Contract Number: S01012 95			
Contract Term: 4 11117 to 3 1311 /	8		
Contractor Name: Snehal R Sheth MD			
Contractor Address: _454 Country Club	Lane, Kingston, NY	12401	
Description of Services Being Provided:	the second se		
Scope of Contract (Choose one that best Analysis Evaluation Data Processing Computer Program	Research		aining Igineering
Architect Services			ealth Services
Mental Health Services Accounting			ralegal
Legal Other Consulting	3		
Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1		66962.50
Total this page	0	243.5450	\$66 76250 000
Grand Total		243.540	# 66 962.50
Name of person who prepared this report	: Snehal R Sheth	MD	1 , 18
Title: Child & Adolescent Psychiatri	st	Phone #: 84	5-797-5252
Preparer's Signature:	2		

Date Prepared: 4118

(Use additional pages, if necessary)

8

	Annual Em	Iltant Services ployment Report to March 31,	ort
Contracting State Agency Name: Off Contract Number: T011748 Contract Term: 1/1/2014 to 12/31/ Contractor Name: Doc. Robert Breim Contractor Address: 328 Winthrop Dr Description of Services Being Provide	/2018 an tive, Ithaca, NY 1	Agency Business Un Agency Department	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
29-1069.00	1.00	30 0.00	8,00 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total		30	8,100.0

Name of person who prepared this report: Robert Breinon Title: MD Phone #: 607 2.57 -586/ Preparer's Signature: Robert Breenen Date Prepared: 5/1715

AC 3272-S (Effective 4/12)

FORM B

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

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS	
Contract Number TO11755	Agency Business Unit: CFS01
Contract Term#11/103/81/18	Agency Department ID: 3400000
Contractor Name: DR Venessa	STINVIL
Contractor Address: 4 Sogamore	have Dix Hills, NS11746
Description of Services Being Provided:	optometry
	epicines y

Scope of Contract (Choose o Analysis Evaluation Res Data Processing Computer Engineering Architect Servi Health Services Mental Hea	search Training Programming C ces Surveying	Other IT consultin Environmenta	
Accounting Auditing Par	ralegal Legal	Other Consultin	ng
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1041.00	0	5-6week	10,440.00
	0.00		\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	Ð	5-6 1100 1	4 10 440.00

Name of person who prepared this report:

Phone (631)836-9100 Title: Optimetrist Preparer's Signature: Vienes Date Prepared: 18

Contractor's	Annual Em	Iltant Services ployment Repo to March 31, 2018			
Contracting State Agency Name: Contract Number: TO11758 Contract Term: G11117 to 31 Contractor Name: Dr. Jeff yey D Contractor Address: 8293 Turn Description of Services Being Provide	OCFS 31/19 Amidm Ad. Rune ad. Medical	Agency Business Ur Agency Department NY 13440			
Analysis Evaluation Res Data Processing Computer Pro Evaluation Architect Services	Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
29-1064.00	I 0.00	18 0.00	\$0.00		
Physician3	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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		
Total this Page	0.00	0.00	\$ 0.00		
Grand Total		ļ	3 8,400		

Date Prepared: 5/1/2018

(Use additional pages, if necessary)

Phone #: 3/5-225-353+

Page | of |

Contractor's	Annual Emp	Itant Services Dioyment Repo to March 31, 2018	I
Contract Number: TO11880 Contract Term: 4/1/17 to 3/3 Contractor Name: Elizabeth. Bogel Contractor Address: 27 Renwick H Description of Services Being Provid Maclormick Secure Center Scope of Contract (Choose one that the	1/18 Ryan, MD rights Rd Ithe led: Physician - Primary		ID: 3400000
Data Processing Computer Processing Engineering Architect Service Health Services Mental Health Accounting Auditing Processing	s Surveying		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1062.00	N/A 0.00	(48) out the 0.00	10,800 \$0.00
	0.00	+ call 0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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		48	\$10,800

Name of person who prepared this report: Elizabeth Bogel Ryan, 42 Title: ND Phone #: 607 342-503 () Preparer's Signature: Title: ND Preparer's Signature: ______ Date Prepared: # 118/18

(Use additional pages, if necessary)

Page | of

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018				
Contracting State Agency Name: Contract Number: T011886 Contract Term: 03/01/2017 to 02/ Contractor Name: Jennifer L. Freese Contractor Address: 557 Spring Lake Description of Services Being Provide	e Road, Red Hoo			
Data Processing Computer Pro Engineering Architect Services Health Services Mental Health	search 🛛 Trai ogramming 🗋 s 🔲 Surveying	Other IT consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
51-5112.00	1.00	1,042.64	\$26,066.00	
	0.00	0.00		
	0.00		\$0.00	
	0.00	0.00	\$0.00 \$0.00	
	+			
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	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 0.0	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	

Name of person who prepared this report: Jennifer L. Freese

Title: Print Shop Manager/ Preparer's Signature: 16.20 611111 Date Prepared: 04/23/20/18

Phone #: 845-901-1121

(Use additional pages, if necessary)

Page 1 of 1

Contractor's	Annual Em	ultant Services ployment Repo to March 31, 201	1
Contracting State Agency Name: Contract Number: $T O 11893$ Contract Term: 41119 to 31 Contractor Name: $Tan_a M$ Contractor Address: $39 P(eas)$ Description of Services Being Provide	OCFS 31/18 WYSHUPI ant View ed: Medic	Agency Business Ur Agency Department LC Drive Huds al - GXN Con	ID: 3400000
Data Processing Computer Pro Engineering Architect Services Mental Health	search 🗌 Tra ogramming 🗌 s 🔲 Surveying	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1064 DD	1 0.00	41,6 000	8, 4 48,88\$0.00
- of 1- 100 1000	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	00.0	\$0.00
Total this Page	1 .0.00	47,6 -000	8,448 * \$ 0.000

Name of person who prepared this report:

Tanya D Mays MD Phone #: 518 5617405 5 568 9650145

Title: CEO/Ourer Preparer's Signature:

Date Prepared: 4/30/8

(Use additional pages, if necessary)

of

Page

Contractor's	s Annual Emp	Iltant Services ployment Repo to March 31, 2018	
Contracting State Agency Name: Contract Number: T011969 Contract Term: 03/01/2018 to 0 Contractor Name: Jennifer L. Frees Contractor Address: 557 Spring La Description of Services Being Prov	se ke Road, Red Hool		
Data Processing Computer Engineering Architect Service Health Services Mental Hea	Research 🛛 Train Programming 🗌 ces 🗌 Surveying	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
51-5112.00	1.00	99.60	\$2,614.50
	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
Total this Page	0.00	0.00	\$0.00
	1.00	99.60	\$2,614.50

100

Name of person who prepared this report: Jennifer L. Freese

Title: Print Shop Manager Preparer's Signature: <u>Jenn</u> Date Prepared: 04/23/2018 Phone #: 845-901-1121