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FORM B		Reporting Co Category Co	10000	
		Category Co	ue.	
	State Consultant S	ervices		
Contrac	tor's Annual Empl	yment Report		
Report Per	riod: April 1, 2016 t	o March 31, 2017		
Contracting State Agency Name: HBITS Executive Agencies Agency Code: Executive Contract Number: PH65769 Contract Term: 11-1-2012 to 10-31-2017 Contractor Name: Computer Technology Services, Inc. Contractor Address: 200 Great Oaks Blvd. Suite 211 Albany, New York 12203 Description of Services Being Provided: IT staff augmentation under the HBITS contract				
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Business Analysis	6	10,687.50	793,397.19	
Computer Programming	12	18,989.50	1,352,567.07	
Project Management / Other Consulting	5	6,325.00	578.442.70	
Technical Architect	2	1,243.50	100,410.50	
Tester 1 1,400.00 70,216.00				
Total this page				
Grand Total	26	38,645.50	2,895,033.46	
Name of person who proposed this	roport: Dorov D	otzold		
Name of person who prepared this		atzulu		
Preparer's Signature:	y Batyoll		:	
Title: Human Resources Manag	jer Ph	one #: (518) 869-3	591 ext. 203	
Date Prepared: 05-15-2016		# 		

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New York State Consultant Services **Contractor's Annual Employment Report** Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS VETS			
Contract Number: 152379 Agency Business Unit:			
Agency Department ID:			
Contract Term: 1/24/5 to Contractor Name: New York State Technology Enterprise Corporation (NYSTEC) Contractor Address: 500 Avery Lane, Suite A, Rome, NY 13441			
Description of Services Being Provided: Veterans Home Security Risk Assessment			
Scope of Contract (Choose one that best fits):			
☐ Analysis ☐ Evaluation ☐ Research ☐ Training			
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting			
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services			
Health Services Mental Health Services			
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting			

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3021.00 Computer and Information Systems Manager	4	103	16,174-04
Total this page	4	103	\$ 16,174.04
Grand Total	4	103	\$ 16,174.04

Name of person who prepared this report: Jana S. Behe

Title: Director of Contracts & General Counsel

Preparer's Signature:

Phone #: 518-431-7031 ibehe@nystec.com

Date Prepared: 5/5/2017

(Use additional pages, if necessary)

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Page 1 of 1

AC 3271-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: ION	ica artha State Con	pralet	
Contract Number: 22559		Agency Business Unit	:: OXSXOXX
Contract Term: 10/24/2012 to 10/24/2017		Agency Department II	D: XO6XXXXX
Contractor Name: AccuStaff			
Contractor Address: 1767 Centra			
Albany, NY		10	
Description of Services Being Provid	ea: Administrative and	d Computer Support	
Scope of Contract (Choose one th	at best fits):		
☐ Analysis ☐ Evaluation	Research [Training	
☐ Data Processing ☐ Compu	ter Programming	☐Other IT consulting	
☐ Engineering ☐ Architect Se	ervices 🔲 Surve	ying 🔲 Environm	ental Services
☐ Health Services ☐ Mental H	lealth Services		
☐ Accounting ☐ Auditing	☐ Paralegal [Legal X Other (Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Administrative Assistant	1	1912.75	\$29638.75
Computer Support	1	295.75	\$4918.32
			\$ 0.5 type
Total this page			\$34557.07
Grand Total			\$ 34557.07

Name of person who prepared this report:

Heather Rafferty

Title:

Executive

Phone #:

518 869-8523

Preparer's Signature: Heather Rafferty

Date Prepared: 5/3/2017

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Category Code:	_	

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	State Consultant S	ervices ,	w were to be
	tor's Annual Emple	The sale	
Report	Period: April 1, 201	6 to March 31, 2017	
•			
Contracting State Agency Name: Contract Number: Contract Term: 10/1/16 to 6/1 Contractor Name: Kin A Gui Contractor Address: 11 Firmac Description of Services Being Prof	2/17 arasiio ce St. Suite 1A vided: Consult (Agency Code: Onskam, NY Coach and med	13424 locte nursing
Data Processing	earch	Triconsulting CEnvironmental Service	es 🗆
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
19-3031,03 Counseline	Rych. 1	20.75	\$ 2,593.75
19-3631.03 Counsting	Kijch. 1	20.5	\$ 2,562.50
. Total this page		41.25	\$5,156.25
Grand Total			
Name of person who prepared this Preparer's Signature: Title: Licensed Psychology Date Prepared: 5/9/17	Haara Su	Ro one #: (315)790-3	
Use additional pages if necessary)			Page / of /

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name			
Contract Number:		Agency Business Unit	
Contract Term: 07/05/2014 to Present		Agency Department II	D:
Contractor Name: Dentserv Dental S	Services, PC		
Contractor Address: 15 Canal Road 10803 Description of Services Being Provid			
0 10 1 110			
Scope of Contract (Choose one th	32.52		
Analysis Evaluation	Research	Training	
☐ Data Processing ☐ Compu	iter Programming	Other IT consulting	
☐ Engineering ☐ Architect Se	ervices	ying	ental Services
X Health Services	Health Services		
☐ Accounting ☐ Auditing	☐ Paralegal [Legal Other	Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Dentist 29-1021.00	1	768	
Dental Assistant	1	639	
Capitated Rate			\$ 86,100.00
Total this page	2	1407	\$ 86,100.00
Grand Total	2	1407	\$ 86,100.00
Name of person who prepared this re	eport: Isaac Newman		
Title: COO		Phone #: 9	914 738 1144
Preparer's Signature:			
Date Prepared: 05/12/17			
(Use additional pages, if necessary)			Page 1 of 1

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2016 to March 31, 17

Contracting State Agency Name:	Note that the second		
Contract Number:		Agency Business U	nit:
Contract Term: 09/09/2015 to 09/	09/2017	Agency Department	ID:
Contractor Name: Ryan Biggs Clark	k Davis Engineer	ring & Surveying, P.C	•
Contractor Address: 257 Ushers Roa	ad, Clifton Park, I	NY 12065	
Description of Services Being Provid	ed: Surveying &	GIS Mapping	
0 10 110			
Scope of Contract (Choose one that be Analysis Evaluation Re	V-100 (10) (-10) (10 (10) (10) (10) (10) (10) (10) (1	inina	
#####################################	APPENDAG APPENDAG I. APPENDAG	ining	
		Other IT consulting	0
☐ Engineering ☐ Architect Services ☐ Health Services ☐ Mental Health		☐ Environmental	Services
		- N 04 0 1	1. September 1
Accounting Auditing Pa	aralegal 🗌 Leg	gal	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1022 - Surveyors	1.00	27.00	\$3,510.00
17-3031 - Surveying & Mapping Tech	2.00	22.00	\$2,200.00
43-3021 - Billing & Posting Clerk	1.00	0.50	\$27.50
	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
Total this Page	0.00	0.00	\$ 0.00
Grand Total	4.00	49	\$5,737.50
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Name of person who prepared this report: Stacey Shufelt

Title: Billing Specialist

Preparer's Signature:

Date Prepared: 05/05/2017

Phone #: 518-794-8613 x100

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State Consultant Services			
Contractor's Annual Employment Report			
Report Period: April 1, 2016 to March 31, 2017			
Contracting State Agency Name: Contract Number: 6540980 Contract Term: 3/20/2016 to 07/31/2 Contractor Name: Karen Edwards Contractor Address: 2178 94 th Court E Description of Services Being Provided	2016 E, Inver Grove Heights,	MN 55077	
Scope of Contract (Choose one that best fits): Analysis			
Employment Category	Employees	Worked	Under the Contract
Computer Systems Analyst	1	113	16.950.02
Total this page	1 -0	113 0	16,950.03 -0.00
Grand Total	1		
Name of person who prepared this report of the Preparer's Signature: Title: President Date Prepared: 2 //2/ 20/7	www Edwar	ne #: 612-867-5311	

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