# Upstate Medical University

3320211

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Contracting State Agency Name: SUP Contract Number: C-502461 Contract Term: 8/1/2016 to Contractor Name: Department of Med at Syracuse, IncContractor Address: 750 East Adams Description of Services Being Provided	7/31/20 licine Medical Service Street, Syracuse, NY	e Group at the SUNY H	Code: XXXXX 3320211 (ealth Science Center
Scope of Contract (Choose one that	best fits):	,	
Analysis Evaluation	on 🗌 💮 Resea		Training
Data Processing	Computer Programm	ingOther	IT consulting 🗌 🔠
Engineering Architect Serv	ices Survey	/ing ☐ Enviror	mental Services 🔲
Health Services ⊠ Accounting ☐ Auditing ☐		· —	Other Consulting 🔲
Accounting Additing	rarategat []	Legal [_]	Other Consuming
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1063.0	1	2080	\$243,005.00
Total this page			· · · · · · · · · · · · · · · · · · ·
Grand Total			\$243,005.00
The Avenue of the Total Control of the Control of t			
Name of person who prepared this rep	ort: Matthew Hutz		
Preparer's Signature:			
		DL # 645 454	_
Title: Chief Administrator		Phone #: <u>315-464-</u>	5252
Date Prepared: <u>5/13/2018</u>			
Use additional pages if necessary)			Page of

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Per	riod: April 1, 2017 to	March 31, 2018	1000
Contracting State Agency Name: SUN	NY Upstate Medical U	Iniversity Agency	/ Code: XXXX
Contract Number: C-502890			3320211
Contract Term: 1/20/2015 to	12/31/2020	4 4b 4 CLDS/ I	Inalth Sainnea Conton
Contractor Name: Department of Med	licine Medical Service	Group at the SUNY	leaith Science Center
at Syracuse, Inc	Ctured Companyon NIV	12710	•
Contractor Address: 750 East Adams Description of Services Being Provide	Street, Syracuse, N r	13410	
Description of Services Being Provide	a Nuise Fractitioner	<u> </u>	
<u> </u>			
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 Resea	rch 🗌	Training 🔲 🔃
Data Processing	Computer Programm ices Survey	ing 🔃 Other	IT consulting
	rices 🗌 💮 Survey	ing Enviro	nmental Services 🗌
Health Scrvices 🗵		ealth Services 🔲	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contrac
29-1071.00	1	1,559	\$134863.00
		1	
		,	
Total this page			
Grand Total			\$134,863.00
N		•	
Name of person who prepared this rep	or: <u>Matthew Hutz</u>		
Preparer's Signature:	<u>Y</u>	W	_
Title: Chief Administrator		Phone #: <u>315-464</u>	-8282
Date Prepared: <u>5/15/2018</u>			
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: Upstate Medical University Contract Number: C-502941 Agency Business Unit: Contract Term: 10/01/2015 to 09/30/2020 Agency Department ID: 330000 Contractor Name: CPS Recruitment, Inc Contractor Address: 904 7th North Street, Liverpool NY 13088 Description of Services Being Provided: Temporary Staffing						
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 Pa	ralegal		··· -			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Cleaner	1.00	816.25	\$11,615.24			
Clerk 2	1.00	1,602.50	\$21,619.97			
Hospital Patient Service Clerk	10.00	5,657.33	\$82,860.84			
Keyboard Specialist 1	3.00	2,031.00	\$27,055.50			
Medical Office Assistant	1.00 801.00 \$14,131.59					
Secretary 1	6.00	2,205.67	\$37,144.89			
Stores Clerk 1	3.00	3,893.00	\$50,901.71			
Supply Assistant	1.00	2,077.75	\$27,610.71			
Total this Page	26.00	19,084.50	\$272,940.45			
Grand Total	-					
Name of person who prepared this report: Jennifer Silverio  Title: I's Specialist  Phone #: 315-457-2500  Preparer's Signature:						

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

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

Contracting State Agency Name: SUNY Upstate Medical University  Contract Number: C-503349 (OFITI   Agency Business Unit: SNY01  Contract Term: 07/01/2016 to 03/31/2018 Agency Department ID: 3330211  Contractor Name: Pediatric Service Group, LLP  Contractor Address: 750 East Adams St, Syracuse, NY 13210  Description of Services Being Provided: Physician Services - Pediatric Intensivists				
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	
29-1065.00	4.00	8,320.00	\$1,237,166.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00 \$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00 0.00	\$0.00 \$0.00	
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 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	

(Use additional pages, if necessary)

Preparer's Signature: \_\_\_\_\_ Date Prepared: 03/27/2018

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Contracting State Agency Name: <u>SU</u>	<u>NY Upstate Medical U</u>	<u>Iniversity</u> Agency	/ Code: <b>281X</b> N		
Contract Number: C-503350			3320211		
Contract Term: 1/1/2017 to	12/31/2022				
Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center at Syracuse, Inc					
Contractor Address: 750 East Adams					
Description of Services Being Provide	d Cardiology On-Ca	II Coverage			
			100		
Scope of Contract (Choose one that	best fits):		,		
Analysis Evaluati	_ ′	rch 🔲	Training [		
Data Processing	Computer Programmi	ing 🔲 Other	IT consulting [		
Engineering Architect Serv	rices 🔲 Survey	ring 🔲 Enviror	nmental Services		
Health Services		alth Services 🔲			
Accounting Auditing	Paralegal 🔲	Legal 🔲	Other Consulting 🔲 📗		
	NT1 C	** 1 A-**			
Employment Category	Number of	Number of Hours	Amount Payable		
29-1063.0	Employees 2	Worked	Under the Contract		
25-1005.0	<u>4</u>	4,160	\$730,000.00		
	<u> </u>				
		, , , , , , , , , , , , , , , , , , , ,			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			***************************************		
Total this page					
Grand Total			\$730,000.00		
47500000					
Name of person who prepared this rep	oπ: <u>Mattnew Hutz</u>		···		
Preparer's Signature:			_		
Title: Chief Administrator Phone #: 315-464-8282					
Date Prepared: <u>5/15/2018</u>					
Use additional pages if necessary)			Page   of [		

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Keport Fer	10d: April 1, 2017 to	WIAICH 31, 2010	
Contracting State Agency Name: SUN Contract Number: C-503365 Contract Term: 7/1/2013 to Contractor Name: Department of Mediat Syracuse, Inc Contractor Address: 750 East Adams Description of Services Being Provide	6/30/18 licine Medical Service Street, Syracuse, NY	Group at the SUNY H	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ring ☐ Environealth Services ☐	Training   IT consulting   mmental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	5	10,504	\$1,475988
43-6011.00		2,600	\$65,769.00
Total this page			
Grand Total			\$1,541,757
Name of person who prepared this rep Preparer's Signature:  Title: Chief Administrator  Date Prepared: 5/15/2018	Matthew Hutz	Phone #: <u>315-464</u> -	8282 
Use additional pages if necessary)			Page of

OSC Use Only:		
Reporting Code:		
Category Code:		

## State Consultant Services Contractor's Annual Employment Report

Contracting State Agency Name: SUN Contract Number: C-503426 Contract Term: 1/1/2014 to Contractor Name: Upstate Urology In Contractor Address: 750 East Adams Description of Services Being Provide	12/31/2018 c Street, Syracuse, NY	13210	
Engineering	on Resear Computer Programmi ices Survey	ring	Training  Training  Training  Training  The consulting  The co
Employment Category	Number of	Number of Hours Worked	Amount Payable Under the Contract
29-2061.00 - LPN	Employees 1	2,080	\$76,107.00
31-9092.00 - MOA	6	12,480	\$234,884.00
43-6013.00 - Medical Sec	22	45,760	\$1,118,959.00
9-1141.00 - RN	6	12,480	\$510,024.00
T-4-1 41-2			
Total this page Grand Total			#1 020 075 00
Grand Joean			\$1,939,975.00
Name of person who prepared this en	Matthew Hutz		
Preparer's Signature:			
Title: Chief Administrator Phone #: 315-464-8282			
Date Prepared: <u>5/15/2018</u>			
Use additional pages if necessary)			Page   of /

### EXHIBIT V

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Reporting Code:	
Category Code:	

FORM B Category Code:			
		8::/	THE PARTY OF THE P
State Co	nsultant Services		
Contractor's An	nual Employment I	Report	
Report Period: April	1, <u>2017</u> to March	h 31, <u>2018</u>	
Business Unit State of NY Department Name	Upstate Medical I	Jniversity Departm	ent ID#:   3320211
Contract No: 2503429		- CANADA A	T
Contract Term: 07/01/13 to 6/301/	8		
Contractor Name: VERA +10	USE TALL		
Contractor Address:	7 1100		
723 JAMES STR	PEET SYRA	EUSE, NY	13993
Description of Services Being Provided  SEVERAL ASSAULT	+ Nurz Exa	MINE SEVE	ces
Scope of Contract (Choose one that best Fits)			
Analysis Evaluation	Research	Tr	aining
Analysis Evaluation			aining
Analysis Evaluation Data Processing Computer Programming	Othe	er IT Consulting	
Analysis	Other		
Analysis	Other Surveying	er IT Consulting  Environmental	Services
Analysis	Other Surveying	er IT Consulting  Environmental	
Analysis	Other Surveying  Health Services  Leg	er IT Consulting Environmental  al Oth	Services   er Consulting
Analysis	Other Surveying  Health Services  Al Leg	er IT Consulting  Environmental	Services  er Consulting  Amount Payable
Analysis	Other Surveying  Health Services  Leg	er IT Consulting  Environmental  al Oth  Number of	Services   er Consulting
Analysis	Other Surveying  Health Services  Al Leg	er IT Consulting  Environmental  al Oth  Number of	Services  er Consulting  Amount Payable Under the Contract
Analysis	Other Surveying  Health Services  Al Leg	er IT Consulting  Environmental  al Oth  Number of Hours Worked  \$5 74.4	Services  er Consulting  Amount Payable Under the Contract 4253 2,918 2,063
Analysis	Other Surveying  Health Services  Al Leg	er IT Consulting  Environmental  al Oth  Number of	Services  er Consulting  Amount Payable Under the Contract 4253 2978 2063
Analysis	Other Surveying  Health Services  Al Leg	er IT Consulting  Environmental  al Oth  Number of Hours Worked  \$5 74.4	Services   er Consulting   Amount Payable  Under the Contract  4253  2978  2063  1,159  1,462
Analysis	Other Surveying  Health Services  al Leg  Number of  Employees	Environmental  But Oth  Number of Hours Worked  744  442  61.3	Services   er Consulting   Amount Payable  Under the Contract   4253  2978  2063  1,159  1,462  2034
Analysis	Other Surveying  Health Services  al Leg  Number of  Employees	Environmental  Environmental  al Oth  Number of Hours Worked  \$5  74.4  \$44.2  \$1.3  \$5  75.7-4	Services  er Consulting  Amount Payable Under the Contract  4253 2978 2063 1,159 1,462 2,634 2,895
Analysis	Other Surveying  Health Services  al Leg  Number of  Employees	Environmental  Environmental  al Oth  Number of Hours Worked  \$5 744  \$44,2 61.3  \$5 75.4  \$65 75.4	Services   er Consulting   Amount Payable  Under the Contract   4253  2978  2063  1,159  1,462  2,644  2,895  1,132
Analysis	Other Surveying  Health Services  al Leg  Number of  Employees	Environmental  Environmental  al Oth  Number of Hours Worked  \$5 744  \$44,2 61.3  \$5 75.4  \$65 75.4	Services   er Consulting   Amount Payable  Under the Contract   4253  2978  2063  1,159  1,462  2,644  2,895  1,132
Analysis	Other Surveying  Health Services  al Leg  Number of Employees	Environmental  Environmental  al Oth  Number of Hours Worked  \$5  74.4  \$44.2  \$61.3  \$5  75.4  \$75.4  \$75.4  \$75.7  \$75.	Services   er Consulting   Amount Payable  Under the Contract   4253  2978  2063  1159  1462  2134  2895  1152  1152  1162  1162  1168
Analysis	Other Surveying  Health Services  al Leg  Number of Employees	Environmental  Environmental  al Oth  Number of Hours Worked  \$5 74.4  \$44.2  \$61.3  \$5 75.4  \$7.4  \$7.4  \$7.5  \$7	Services   er Consulting   Amount Payable  Under the Contract   4253  2978  2063  1159  1462  2134  2895  1152  1152  1152  1152  11634  186
Analysis	Other Surveying  Health Services  al Leg  Number of Employees	Environmental  Environmental  al Oth  Number of Hours Worked  \$5  74.4  \$44.2  \$61.3  \$5  75.4  \$75.4  \$75.4  \$75.7  \$75.	Services  er Consulting  Amount Payable Under the Contract  4253 2978 2063 1,159 1,462 2,634 2,895 1,132
Analysis	Other Surveying  Health Services  al Leg  Number of Employees	Environmental  Environmental  al Oth  Number of Hours Worked  \$5 74.4  \$44.2  \$61.3  \$5 75.4  \$7.4  \$7.4  \$7.5  \$7	Services   er Consulting   Amount Payable  Under the Contract   4253  2978  2063  1159  1462  2134  2895  1152  1152  1152  1152  11634  186

Name of Person who Prepared This Report:	JODAM.	de
Preparer's Signature: Chilotial Outina	)	
Title: ILMENCO 14 H K HULLETY	Phone #;	315-425-0818
Date Prepared: 3/30/18		1 1
Use additional pages if necessary		Page / of /

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Pe	riod: April I, 2017 to	) Warch 31, 2018			
[a a		T	AN I TANGS DIA		
Contracting State Agency Name: SUI	NY Upstate Medical U	<u>Iniversity</u> Agency	7 Code: XXXXX 3320211		
Contract Number: <u>C-303473</u> Contract Term: <u>7/1/2013</u> to					
Contractor Name: Department of Med	Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center				
at Syracuse, Inc		- chorp wo one collect			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210			
Description of Services Being Provide					
Scope of Contract (Choose one that	best fits):				
Analysis 🔲 Evaluati			Training [		
Data Processing	Computer Programm		IT consulting 🔲		
Engineering Architect Serv			nmental Services 🔲		
Health Services ⊠ Accounting ☐ Auditing ☐		ealth Services	04 G 16 🖂		
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting		
EI	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
29-1063.0	1	1,809	\$221,811.00		
	0	0	\$0.00		
, , , , , , , , , , , , , , , , , , , ,					
	, , , , , , , , , , , , , , , , , , , ,				
Total this page					
Grand Total			\$221,811		
Name of person who prepared this rep	auto Matthaux Huta				
A 111	ony <u>iviatinew mutz</u>		<u> </u>		
Preparer's Signature:	7		_		
Title: Chief Administrator		Phone #: <u>315-464-</u> 8	3282		
Date Prepared: 5/15/201		· <del></del>			
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Use additional pages if necessary)			Page of		

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Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

		<u></u>	
Contracting State Agency Name: SUN Contract Number: C-503492 Contract Term: 10/1/2013 to Contractor Name: Department of Mediat Syracuse, Inc_ Contractor Address: 750 East Adams Description of Services Being Provide	9/30/18 licine Medical Service Street, Syracuse, NY	e Group at the SUNY H	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing  Other ring  Enviror ealth Services	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	0	1,768	\$274,302.00
43-6011.00		624	\$15,360.00
Total this page Grand Total			\$289,662.00
Name of person who prepared this rep Preparer's Signature:	ort: Matthew Hutz		
Title: Chief Administrator  Date Prepared: 5/15/2018		Phone #: <u>315-464-</u>	. 1
Use additional pages if necessary)			Page of

EXHIBIT Y						OSC Use Only:	- Annual Control of the Control of t
FORM B						Reporting Code Category Code:	
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		Contra	sctor's Ann	ual Employmer	nt Repor	t	
		Report Perio	od: April 1	. 2017 to Ma	irch 31, _	2018	
manuscon o con Indiana Pari scale (A) em processo on co communi	*** **** # ***************************	anno in in a garigo, accommisson accommisson, V, 119 milion		**************************************	······································	- The state of the	3h.,441
Business Unit	State of N		nt Name	Upstate Medica	al Univer	sity Departm	ent ID#;   3320211
Contract No:	<u>(503</u>	<u>, 14   14   </u>	·	Almik Siyi / Siyi Siyi Siyi Siyi Siyi Siyi Si		ARTHUR I	made of the pro-
Contract Term:	- July	1 2013 to	ವರ್ಣ	30,2018			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contractor Nam	ic:	Inversity	ototari	yngolegy ,	Associ	ates of a	922 175
Contractor Add	ress: 5	150 <b>S</b>	Adam			- Awaren	more distributions
T\E =				4 13510	/ 13 1 Y-0		CONTRACTOR OF THE PROPERTY OF
Description of S Being Provided	ervices	trovide	Y	XX CITTI	<u>cal</u>	SECVICES	V
Scope of Contra	ct (Choose	one that best Fit	ts)		***************************************		A Commission of the Commission
Analysis	]	Evaluation [		Research [		Tr	aining
Data Processing		Computer Prog	gramming		Other IT (	Consulting	
Engineering	] /Ai	rchitect Services		Surveying		Environmental	Services 🔲
Health Services	V		Mental E	Health Sorvices			
Accounting [	] Aud	liting 🗌	Paralega	1 <u> </u>	_ega1	☐ Oth	er Consulting
E	mploymen	t Category	**************************************	Number of		Number of	Amount Payable
	•			Employees	1	ours Worked	Under the Contract
Physician	15 4 5	ourgeons	IIW IIW III III III III III III III III	1 i		600	257,674.38
<u> an c</u>	Hrer			L. T. Delma castilli II for Westernama Billion		- Lander	A
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NAME OF THE PERSON OF THE PERS	lala/II	h.My.				50 wK ·	Later the proposession
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A STATE OF THE STA				1.50			1 di ( Prop. o
,	Tatal Th	is Dans		,			
All Managery	Total Th Grand			A STATE OF THE STA			N. A. S. B. C. P. C.
Name of Person Preparer's Signat Title: Busine Date Prepared:	who Prepar ure: US	ed This Report: a. Y. Crani anager	lise C	raner.	hone #:	315.464	7333
Use additional pa	ges if nece	ssary				Page	eof

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

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

Contracting State Agency Name: S Contract Number: C-503635 Contract Term: 11/01/2013 to 10/3 Contractor Name: Pediatric Service C Contractor Address: 750 East Adams Description of Services Being Provide Committee	31/2018 Group, LLP s St, Syracuse, N	Agency Business Un Agency Department NY 13210	ID: 3330211
☐ Data Processing ☐ Computer Pro☐ Engineering ☐ Architect Services ☐ Mental Health	search		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	1.00	1,040.00	\$163,301.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,040.00	\$163,301.00
Grand Total	1,00	1,040.00	\$163,301.00
	1.00	1,040.00	

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

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

Contracting State Agency Name: S Contract Number: C-503649 Contract Term: 12/01/2013 to 11/ Contractor Name: Pediatric Service C Contractor Address: 750 East Adams Description of Services Being Provid	Group, LLP s St, Syracuse, N	Agency Business Ur Agency Department IY 13210	ID: 33 <b>2</b> 0211		
☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health	search				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
29-1065.00	1.00	624.00	\$56,649.00		
	0.00	0.00	\$0.00		
. · ·	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
_	0.00	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	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		

Title: Practice Administrator

Preparer's Signature:

Date Prepared: 03/23/2018

(Use additional pages, if necessary)

Phone #: 315-464-5450

New York State Consultan	t Services
Contractor's Annual Employ	ment Report
Penart Doring April 1, 2016 4- NA	L

Treport Feriod	. April 1, 2016	LO IVI	arch 31, 201	/	
Contracting State Agency Name: SUNY Upstate Medical University Contract Number: C503661 Agency Business Unit: Contract Term: 07/01/2015 to 12/31/2018 Agency Department ID: 33202// Contractor Name: University Surgical Associates, LLP Contractor Address: 750 East Adams St., Suite 8141, Syracuse, NY 13210 Description of Services Being Provided: On-Call Adult Cardiac Coverage					
Scope of Contract (Choose one that b	,				
		ining			
Data Processing Computer Pr			IT consulting	_	
☐ Engineering ☐ Architect Services ☐ Health Services ☐ Mental Health	_ , ,	] _	Environmental	Services.	
	ralegal 🔲 Leg	امد	☐ Other Consul	,,	
Additing Disa	T	1		r <del></del>	
Employment Category	Number of Employees		lumber of urs Worked	Amount Payable Under the Contract	
29-1067 Surgeon	2.00		8,760.00	\$402,960.00	
	0.00		0.00	\$0.00	
•	0.00		0.00	\$0.00	
	0.00	_	0.00	\$0.00	
	0.00		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		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	2.00		8,760.00	\$402,960.00	
Grand Total	2.00		8,760	\$402,960.00	
Name of person who prepared this re Title: Project Staff Associate Preparer's Signature:  Date Prepared: 03/02/2018  (Use additional pages, if necessary)	Port: Jennifer Po	iter	Phone #: 	(315)464-6271 Page 1 of 1	
( 3)		Ì			

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

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

Contracting State Agency Name: S	SUNY Upstate Me	edical University		
Contract Number: C-503663 Agency Business Unit: SNY01				
Contract Term: 07/01/2015 to 06/30/2019 Agency Department ID: 3330211				
Contractor Name: Pediatric Service	Group, LLP			
Contractor Address: 750 East Adams	s St, Syracuse, N	NY 13210		
Description of Services Being Provid	ed: Medical Dire	ector Neurodevelopm	ental Pediatrics	
Scope of Contract (Choose one that b	pet fite):			
	·	ining		
☐ Data Processing ☐ Computer Pr		Other IT consulting		
☐ Engineering ☐ Architect Services			Services	
☐ Health Services ☐ Mental Health	, ,			
	aralegal 🔲 Leg	jal 🔲 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
19-3039.00	1.00	312.00	\$34,756.00	
	0.00	0.00	\$0.00	
	0.00	0.00		
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00 \$0.00	
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 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	

Date Prepared: 03/23/2018

Preparer's Signature: \_

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

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

Contracting State Agency Name:	SUNY Upstate Me	edical University				
Contract Number: C-503669 Agency Business Unit: \$NY01						
Contract Term: 07/01/2014 to 06/30/2019 Agency Department ID: 3330211						
Contractor Name: Pediatric Service Group, LLP						
Contractor Address: 750 East Adam	ns St, Syracuse, N	Y 13210				
Description of Services Being Provided: Medical Direction Pediatric Administration						
Scope of Contract (Choose one that	•					
_ ,	esearch Trai	•				
Data Processing Computer F	_	Other IT consulting				
_	es Surveying	☐ Environmental	Services			
☐ Health Services ☐ Mental Heal						
Accounting Auditing F	Paralegal Leg	al Other Consul	ting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
29-1065,00	1.00	1,040.00	\$252,823.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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	1,040.00	\$252,823.00			
Grand Total	1.00	1,040	\$252,823.00			
Name of person who prepared this	report: Leo Sawyer					
Title: Practice Administrator Preparer's Signature:	auge	Phone #:	315-464-5450			
Date Prepared: 03/23/2018		<del></del>				

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

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

Contracting State Agency Name: SUNY Upstate Medical University						
Contract Number: C-503701 Agency Business Unit: SNY01						
Contract Term: 09/01/2014 to 08/31/2019 Agency Department ID: 3330211						
Contractor Name: Pediatric Service Group, LLP						
Contractor Address: 750 East Adams St, Syracuse, NY 13210						
Description of Services Being Provided: Medical Direction Multi Specialty Center + Pediatric						
Gastroenterology						
Scope of Contract (Choose one that b	,					
,		ning				
☐ Data Processing ☐ Computer Pr	· • —	Other IT consulting				
Engineering Architect Services	_ , ,	☐ Environmental	Services			
☐ Health Services ☐ Mental Health						
Accounting Auditing Pa	ıralegal 🔲 Leg	al Other Consul	ting			
	Number of	Number of	Amount Payable			
Employment Category	Employees	Hours Worked	Under the Contract			
29-1065.00	1.00	728.00	\$90,052.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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	0.00	\$0.00			
	<del>                                     </del>	0.00				
	0.00		\$0.00			
	0.00	0.00	\$0.00 \$0.00			
	0.00 0.00 0.00	0.00	\$0.00 \$0.00 \$0.00			

1.00

Name	of	person	who	prepared	this	report:	Leo	Sawyer
	٠.	P 0. 00		P. opa. oa	41 17 12	. 000,0		0411,01

Title: Practice Administrator

Phone #: 315-464-5450

728

Preparer's Signature:

Date Prepared: 03/23/2018

**Grand Total** 

90,052.00

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

<u>.                                    </u>				
Contracting State Agency Name:	Upstate Medica	al University		
Contract Number: C-503721		Agency Business U	nit:	
Contract Term: 08/01/2015 to 07/31/2020 Agency Department ID; 28x10x				
Contractor Name: Psychiatry Faculty Practice, Inc. 3320211				
Contractor Address: 713 Harrison Str	reet, Syracuse, I	New York 13210		
Description of Services Being Provide	ed: Psychiatric	Consultation Services	3	
		<u> </u>		
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	
Psychiatrist - 29.1066,00	1.00	1,040.00	\$126,607.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0,00	
	0.00	0.00	\$0.00	
- '	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	1,040.00	\$126,607.00	
Grand Total	1.00	1,040	\$126,607.00	

Name of person who prepared this report: Barbara A. Svoboda

Title: Practice Plan Administrator

Phone #: 315-464-3119

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

Date Prepared: 05/#1/2018

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

**Upstate Medical University** Contracting State Agency Name: Contract Number: C-503729 Agency Business Unit: Contract Term: 9/18/2014 to 06/30/2017 Agency Department ID: X28XXXX Contractor Name: Psychiatry Faculty Practice, Inc.

Contractor Address: 713 Harrison Street, Syracuse, New York 13210 Description of Services Being Provided: Psychiatric Consultation Services

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 Number of Amount Payable Employment Category Employees Hours Worked Under the Contract					
Nurse Practitioner - 29-1171-00	1.00	2080.00	\$33125			
	0.00	0.00	\$0.00			
·	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
1	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
1 "	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
Total this Page	1.00	2,080.00	\$33,125.00			
Grand Total	1.00	2,080	\$33,125.00			

Name of person who prepared this report: Barbara A. Svoboda

Title: Practice Plan Administrator

Phone #: 315-464-3119

Preparer's Signature: Doubar a Swood

Date Prepared: 05/04/2018

OSC Use Only:	
•	
Reporting Code:	
reporting code.	
Category Code:	
Category Code.	

## State Consultant Services Contractor's Annual Employment Report

Contracting State Agency Name: SUI	NY Upstate Medical U	<u>Iniversity</u> Agency	Code: X28X10
Contract Number: <u>C-503735</u> Contract Term: <u>1/1/2017</u> to	12/21/2017		3320211
Contractor Name: Department of Med	dicine Medical Service	Group at the SHNV I	lealth Science Center
at Syracuse, Inc		-	
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	ed Cardiologists	117	
		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
	1		· · · · · · · · · · · · · · · · · · ·
Scope of Contract (Choose one that Analysis  Evaluati		rah 🗆	Training [
Data Processing		ing Other	IT consulting
Engineering Architect Serv	Computer Programmices Survey	ring Environ	nmental Services
Health Services 🔀	Mental He	alth Services	
Accounting Auditing	Paralegal 🔲	Legal 🔲	Other Consulting [
	3.7 1 0	37 1 634	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	Employees 4	6,239	\$693,773.00
			\$0000,770.00
	- III - II - II - II - II - II - II -		
		111-111	
Total this page		11111	
Grand Total			\$693,733.00
			\$095,755.00
Name of person who prepared this rep	ort: Matthew Hutz		
Preparer's Signature:			<del></del>
Title: Chief Administrator		Phone #: <u>315-464-</u>	3282
Date Prepared: <u>5/15/2018</u>			
Use additional pages if necessary)			Page of

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: SUNY Upstate Medical University Agency Code: X28X10  Contract Number: C-503753 3320211  Contract Term: 9/1/2014 to 8/31/2019  Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center at Syracuse, Inc  Contractor Address: 750 East Adams Street, Syracuse, NY 13210  Description of Services Being Provided Quality Officer					
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He Paralegal	ving DEnviro calth Services D	Training [] IT consulting [] nmental Services [] Other Consulting []		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
29-1063.0		1,040	\$147,547.00		
Total this page Grand Total			\$147,547.00		
Name of person who prepared this report of Preparer's Signature:  Title: Chief Administrator  Date Prepared: 5/15/2018  Use additional pages if necessary)	ort: Matthew Hutz	Phone #: <u>315-464</u> -			

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

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

Contracting State Agency Name: SUNY Upstate Me	edical University
Contract Number: C-503755	Agency Business Unit: SNY01
Contract Term: 10/01/2014 to 09/30/2019	Agency Department ID: 33\$0211
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams St, Syracuse, N	IY 13210
Description of Services Being Provided: Quality Office	er - Pediatric Services
Scope of Contract (Choose one that best fits):	
☐ Analysis ☐ Evaluation ☐ Research ☐ Trai	ning
☐ Data Processing ☐ Computer Programming ☐	Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying	☐ Environmental Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Leg	al Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	1.00	1,040.00	\$76,769.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,040.00	\$76,769.00
Grand Total	1.00	1,040	76769.00

Name of person who prepared this report: Leo Sawyer	
Title: Practice Administrator	Phone #: 315-464-5450
Title: Practice Administrator Preparer's Signature:	
Date Prepared: 03/23/2018	

EXHIBIT Y		OSC Use Only:			
FORM B		Reporting Code Category Code:			
	nsultant Services				
Contractor's Annual Employment Report  Report Period: April 1, <u>17</u> to March 31, <u>18</u>					
Report Period: April	1, 11 to march	31, <u>1 0</u>	¢ († † † † † † † † † † † † † † † † † † †		
Business Unit   State of NY   Department Name	Upstate Medical Ur	iversity   Departm	ent ID#:   3320211		
Contract No: C 503761	and the state of the second section of the second s				
Contract Term: Feb 1 , 2015 to Jan 31	1 7620		y 19 min 161 mi 1660		
Contractor Name: University Otola	ryngology A	ssociales of			
Contractor Address: 750 Fast Adams					
Description of Services Medical Direction of China					
Being Provided			A SAME SAME SAME SAME SAME SAME SAME SAM		
Scope of Contract (Choose one that best Fits)					
Analysis Evaluation	Research	Tr	aining		
Data Processing Computer Programming	Other	IT Consulting			
Engineering Architect Services	Surveying	Environmental	Services		
Health Services Mental I	Health Services		_		
Accounting	ıl 🗌 Legal	Oth	er Consulting		
Employment Category	Number of	Number of	Amount Payable		
	Number of Employees	Hours Worked	Under the Contract		
Physicians & Surgeons		1			
		Hours Worked	Under the Contract		
Physicians & Surgeons		Hours Worked	Under the Contract		
Physicians & Surgeons		Hours Worked	Under the Contract		
Physicians & Surgeons		Hours Worked	Under the Contract		
Physicians & Surgeons		Hours Worked	Under the Contract		
Physicians & Surgeons		Hours Worked	Under the Contract		
Physicians & Surgeons		Hours Worked	Under the Contract		
Physicians & Surgeons		Hours Worked	Under the Contract		
Physicians & Surgeons All Other		Hours Worked	Under the Contract		
Physicians & Surgeons All Other  Total This Page		Hours Worked	Under the Contract		
Physicians & Surgeons All Other		Hours Worked	Under the Contract		
Physicians & Surgeons All Other  Total This Page		Hours Worked	Under the Contract		
Physicians & Surgeons All Other  Total This Page Grand Total	Employees	Hours Worked	Under the Contract		
Total This Page Grand Total  Name of Purson who Prepared This Report: USa		Hours Worked	Under the Contract		
Physicians & Surgeons All Other  Total This Page Grand Total	Employees	Hours Worked +00	Under the Contract		
Total This Page Grand Total  Name of Person who Prepared This Report:  Preparer's Signature:	Craner	Hours Worked +00	Under the Contract 628455 &		

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Reportie	110d. 21pin 1, 20 17 tt	, martin Di, 2010	— p-111111
Contracting State Agency Name: SUN Contract Number: C-503790 Contract Term: 7/1/2015 to Contractor Name: Department of Mediat Syracuse, Inc Contractor Address: 750 East Adams Description of Services Being Provide	6/30/2020 ficine Medical Service Street, Syracuse, NY	: Group at the SUNY H	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ving ☐ Enviror ealth Services ☐	Training   IT consulting   mmental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	1	2,080	\$30,958.00
Total this page			
Grand Total			\$30958.00
Name of person who prepared this representation:  Title: Chief Administrator  Date Prepared: 5/15/2018	port: Matthew Hutz	Phone #: <u>315<b>-</b>464</u> -	
Use additional pages if necessary)			Page of I

EXHIBIT Y		OSC Use Only: Reporting Code	
FORM B		Category Code	
State Co	nsultant Services	AC SHARANA W Y SANAHARANA MARANA	
Contractor's An	nual Employment Re	port	
Report Period: April	1, 2017 to March 2	31, <u>2019</u>	
Business Unit State of NY Department Name  Contract No: (-503805)	Upstate Medical Un	iversity   Departm	ent ID#:   3320211
Contract Term; 3111/5 to 2138	1.333	A CONTRACTOR OF THE PROPERTY O	
Contractor Name: SEPERT NEW			_ *
Contractor Address: 361 SACRA MES			
Description of Services STAFING SEN	ecopos.	V- ERIC	E CEE PART IC
Scope of Contract (Choose one that best Fits)			
Analysis Evaluation	Research	Tr	alning 🔲
Data Processing Computer Programming	☐ Other	IT Consulting	×
Engineering	Surveying	Environmental	Services
Health Services Mental	Health Services [		
Accounting Auditing Paraleg	al 🗌 Legal	Oth	er Consulting
Employment Category	Number of	Number of	Amount Payable
	Employees	Hours Worked	Under the Contract
15-112160 Computer system		58,550	37.468.847
<del>May sts</del>		Maria de Caración	The second secon
		/	4 - WM-ANT (Assessment State Control of
		A CONTRACTOR OF THE PROPERTY O	
	A CONTRACTOR OF THE PROPERTY O		
		A. H	
Total This Page			
Grand Total	32	58,550	32,468,847
Preparer's Signature:	DAISTO PREZ	L.LALON	
Title: DAR 192 of Administration  Date Prepared: 4/6/18  Use additional pages if pages and	Phone		e / et / e4−3∞∞

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: SUNY Upstate Me	dical University
Contract Number: C-503822	Agency Business Unit:
Contract Term: 07/01/2015 to 06/30/2017	Agency Department ID: 🍇 🏋 🖎 📉
Contractor Name: Psychiatry Faculty Practice, Inc.	3320211
Contractor Address: 713 Harrison Street, Syracuse.	New York 13210

Description of Services Being Provided: Psychiatry On-Call Coverage Services

1	Research	☐ Environmental	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrists - 29,1066.00	10.00	6,396.00	\$890,000.00
eB	0.00	0.00	\$0.00
ζ:	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	6,396.00	\$890,000.00
Grand Total	10.00	6,396	\$890,000.00

N	ame	of	person	who	prepared	th	is	report:	Вагвага	A.	$S_{\mathbf{V}}$	oboda
---	-----	----	--------	-----	----------	----	----	---------	---------	----	------------------	-------

Title: Practice Plan Administrator Phone #: 315-464-3119

Preparer's Signature: <u>Lauran</u> a Livoboch

Date Prepared: 05/04/2017

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

Report Period	: Aprîl 1, 2016	to M	arch 31, 201	7
Contracting State Agency Name: S Contract Number: C503852 Contract Term: 07/01/2015 to 06/3 Contractor Name: University Surgica Contractor Address: 750 East Adams Description of Services Being Provide	30/2020 I Associates, LL s St., Suite 8141 ed: On-Call Tra	Ager Ager P , Syra	cy Business Ur cy Department cuse, NY 1321	10: 7373,20,22.11 0
Scope of Contract (Choose one that b		lining		
☐ Data Processing ☐ Computer Pro		_	IT consulting	
☐ Engineering ☐ Architect Services			Environmental	Services
☐ Health Services ☐ Mental Health	Services			
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	jal	Other Consul	ting
Employment Category	Number of Employees		lumber of urs Worked	Amount Payable Under the Contract
29-1067 Surgeon	7.00		8,760.00	\$638,750.00
	0.00		0.00	\$0.00
<u> </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		0.00	\$0.00
	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		8,760.00	\$638,750.00
Grand Total	7.00		8,760	\$638,750.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		710	
Name of person who prepared this re Title: Project Staff Associate Preparer's Signature:  Date Prepared: 03/02/2018	port: Jennifer Por	iter	Phone #: 	(315)464-6271
(Use additional pages, if necessary)				Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Contracting State Agency Name: <u>SU</u>	<u>NY Upstate Medical U</u>	Iniversity Agency	y Code: XXXX
Contract Number: C-503863			3320211
Contract Term: 6/1/2015 to	5/31/2020	. C	
Contractor Name: Department of Me at Syracuse, Inc.	dicine Medical Service	e Group at the SUNY I	lealth Science Center
Contractor Address: 750 East Adams	Street Syracuse NV	13210	<u> </u>
Description of Services Being Provide	ed Intensivists	17210	
			•
	-1-1-1-11-11-11-11-11-11-11-11-11-11-11		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	ion Resea	rch 🔲	Training [
Data Processing	Computer Programm	ing 🔲 Other	IT consulting
Engineering Architect Serv	∕ices ∐ Survey	≀ing ∐ Enviro	nmentalServices 🔲
Health Services		alth Services	64 6 W 🗆
Accounting Auditing	Paralegal 🔲	Legal 🗀	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1063.00	4	8,320	\$1,674,425.00
	-		
Total this page			
Grand Total			\$1,674,425
Name of person who prepared this reg	and Matthau Line	111	
101-17	iviattiiew muiz		
Preparer's Signature:			<del></del>
Title: Chief Administrator		Phone #: <u>315-464-</u>	8282
Date Prepared: <u>5/15/2018</u>			
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:	SUNY Upstate Me			
Contract Number: C-503864 Agency Business Unit: SNY01				
Contract Term: 07/01/2015 to 08	5/30/2020	Agency Department	ID: 33 <b>3</b> 0211	
Contractor Name: Pediatric Service	Group, LLP			
Contractor Address: 750 East Adar	ns St, Syracuse, N	Y 13210		
Description of Services Being Prov	ided: Pediatric Des	signated AIDS Cente	r Physician Clinical	
Services				
Scope of Contract (Choose one that	best fits):			
` `	Research 🔲 Train	ning		
☐ Data Processing ☐ Computer F	Programming	Other IT consulting		
☐ Engineering ☐ Architect Service	es Surveying	☐ Environmental	Services	
☐ Health Services ☐ Mental Heal	th Services			
☐ Accounting ☐ Auditing ☐ F	Paralegal 🗌 Lega	al Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1065.00	2.00	624.00	\$75,575.00	
	0.00	0.00	\$0.00	
<del>-</del>	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00		
			\$0.00	
	0.00	0.00	\$0.00 \$0.00	
	0.00	0.00	\$0.00 \$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	

Title: Practice Administrator

Phone #: 315-464-5450

Preparer's Signature:

Date Prepared: 03/26/2018

AC 3272-S (Effective 4/12)

3157080194

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: SUNY Upstate Medical University

Contract Number: C503868 Agency Business Unit: SNY01 Contract Term: 05/01/2017 to 04/30/2018 Agency Department ID: 3320211

Contractor Name: Associated Gastroenterologists of CNY, PC

Contractor Address: 260 Township Blvd, Suite 20, Camillus, NY 13031

Description of Services Being Provided: Gastroenterology on call services at SUNY Upstate

Hospital - Community Campus

Scope of Contract (Choose one that best fits):			
☐ Analysis ☐ Evaluation ☐ Res	search 🔲 Trai	ning	
☐ Data Processing ☐ Computer Pro	ogramming 🔲	Other IT consulting	
Engineering Architect Services	Surveying	Environmental :	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	al 🔲 Other Consult	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
29-1069.00 Physicians and Surgeons-	7.00	61,320.00	\$279,017.00
all other	0,00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	61,320.00	\$279,017.00
Grand Total	7.00	61,320	\$279,017.00

Name of person who prepared this report: Laureen H. Ascenzo

Title: Practice Administrator

Phone #: 315-708-0091

Preparer's Signature: 🛬

Date Prepared: 05/01/2018

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

Report Feriod	. April 1, 2010	IO IVI	arch 31, 201	T
Contracting State Agency Name: S Contract Number: C-503873 Contract Term: 01/01/2016 to 12/ Contractor Name: University Surgica Contractor Address: 750 East Adams Description of Services Being Provid	l Associates, LL s St., Suite 8141	Agen Agen P , Syrae	cy Business Ui cy Department use, NY 1321	D: 3320 ス1 o
☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health	search Tra ogramming C s Surveying s Services aralegal Lea	gal_	IT consulting Environmental  Other Consul	ting
Employment Category	Number of Employees		lumber of urs Worked	Amount Payable Under the Contract
11-9121.01 Clinical Manager	1.00		2,080.00	\$221,459.00
11-9111.00 OR Supervisor (Nurse Manager)	1.00	-	2,080.00	\$126,442.00
11-9111.00 PACU Supervisor (Nurse Manager)	1.00		2,080.00	\$126,442.00
29-1141.00 OR RN	9.40		19,552.00	\$1,021,304.00
29-1141.00 PACURN	12.20		25,376.00	\$1,325,522.00
29-2061.00 PACU LPN	1.00		2,080.00	\$82,195.00
29-2055.00 Surgical Tech	9.40		19,552.00	\$772,636.00
29-1071.01 Anesthesia Tech	2.00		4,160.00	\$164,391.00
29-2034.00 Medical Radiation Tech	1.00		2,080.00	\$95,522.00
31-9093.00 Sterile Process Tech	1.00		2,080.00	\$67,401.00
43-4151.00 Purchase Clerk	1.00		2,080.00	\$67,401.00
43-6013.00 Medial Secretary	2.00		4,160.00	<b>\$134,801.00</b>
	0.00		0.00	\$0.00
Total this Page	42.00		87,360.00	\$4,205,516.00
Grand Total	42.00		87,360	\$4,205,516.00
Name of person who prepared this re Title: Project Staff Associate Preparer's Signature: Date Prepared: 03/05/2018  (Use additional pages, if necessary)	eport: Jennifer Po	tter	Phone #:	(315)464-6271 Page 7 of 1
(coe additional pages, it insectedly)				

### 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: C-503880 AGM Contract Term: 07/01/2016 to 06/ Contractor Name: Pediatric Service Contractor Address: 750 East Adams Description of Services Being Provid	30/2017 Group, LLP s St, Syracuse, N	Agency Business Un Agency Department Y 13210	ID: 33 <b>3</b> 0211
<ul> <li>□ Data Processing</li> <li>□ Computer Pr</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Mental Health</li> </ul>	search	Other IT consulting  Environmental	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	4.00	2,080.00	\$180,047.00
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0.00	0.00	\$0.00
-	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00 \$0.00
	<del></del>	-	
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00 \$0.00
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	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

Date Prepared: 03/26/2018

Preparer's Signature:

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

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

Contracting State Agency Name: SUNY Upstar	te Medical University			
Contract Number: C-503880	Agency Business Unit: SNY01			
Contract Term: 07/01/2015 to 06/30/2017	Agency Department ID: 3330211			
Contractor Name: Pediatric Service Group, LLP				
Contractor Address: 750 East Adams St, Syracuse, NY 13210				
Description of Services Being Provided: Hospita	lists Amendment of Agreement #2			

Analysis   Evaluation   Research   Training				
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting				
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental	Services	
	Services			
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1065.00	4.00	2,080.00	\$199,711.75	
	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	4.00	2,080.00	\$199,711.75	
Grand Total	4.00	2,080	\$199,711.75	

Name	of	person	who	prepared	this	report: Leo	Sawyer
,	•	P-11	,,,,	F F		. + 1,	

Scope of Contract (Choose one that best fits):

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: 03/26/2018

Preparer's Signature:

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

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

Contracting	State Agency	Name:	SUNY	Upstate	Medical	University

Contract Number: C-503880 A OH L Agency Business Unit: SNY01
Contract Term: 07/01/2017 to 06/30/2020 Agency Department ID: 3330211

Contractor Name: Pediatric Service Group, LLP

Contractor Address: 750 East Adams St, Syracuse, NY 13210

Description of Services Being Provided: Hospitalists Amendment of Agreement #2

Scope of Contract (Choose one that	best fits):	nina	
☐ Data Processing ☐ Computer P		Other IT consulting	
☐ Engineering ☐ Architect Service		☐ Environmental	Services
☐ Health Services ☐ Mental Healt	h Services		
☐ Accounting ☐ Auditing ☐ P	aralegal	al Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	4.00	6,240.00	\$540,141.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0,00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	6,240.00	\$540,141.00
Grand Total	4.00	6,240	\$540,141.00

Name of person who prepared the	is report.	Leo Sawye	I
---------------------------------	------------	-----------	---

Title: Practice Administrator

Phone #: 315-464-5450

Preparer's Signature:

Date Prepared: 03/26/2018

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

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

Contracting State Agency Name:	SUNY Upstate M	edical University	
Contract Number: C-503924	Contract Number: C-503924 Agency Business Unit: SNY01		
Contract Term: 11/01/2015 to 10/30/2020 Agency Department ID:		ID: 3330211	
Contractor Name: Pediatric Service	Group, LLP		<b>'</b>
Contractor Address: 750 East Adam	s St, Syracuse, N	NY 13210	
Description of Services Being Provide	ded: Developmer	ntal Pediatrician	
Scope of Contract (Choose one that I	•		
		ining	
☐ Data Processing ☐ Computer P		Other IT consulting	
Engineering Architect Service	_ , ,	☐ Environmental	Services
Health Services		_	
Accounting Auditing P	aralegal Leg	gal Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
29-1065.00	1.00	2,080.00	\$217,337.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	2,080.00	\$217,337.00
	1.00	2,080	\$217,337.00

Name of person who prepared this report: Deo Sawyer

Title: Practice Administrator

Preparer's Signature: \_

Phone #: 315-464-5450

Date Prepared: 03/26/2018

#### **EXHIBIT Y**

Date Prepared: April 13, 2018

#### 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:** Sunbelt Staffing, LLC Contract Number: C-503933 AOA#1 Agency Business Unit: 28110 Contract Term: 10/01/2016 04/30/2017 Agency Department ID: 3320211 to Contractor Name: Sunbelt Staffing, LLC 3687 Tampa Road, Ste 200, Oldsmar, FL 34677 Contractor Address: Description of Services Being Provided Temporar Medical Staffing Services Scope of Contract (Choose one that best Fits) ☐ Analysis ☐ Evaluation Research ☐ Training ☐ Computer Programming Other IT Consulting □ Data Processing ☐ Architect Services ☐ Surveying ☐ Environmental Services Engineering M Health Services Mental Health Services ☐ Paralegal Legal ☐ Other Consulting ☐ Accounting ☐ Auditing Amount Pavable **Employment Category** Number of Number of Employees Hours Worked Under the Contract 29-1141.03 4421.25 \$ 341,145.10 39 4421.25 \$ 341,145.10 Total This Page 39 **Grand Total** 39 4421.25 \$ 341,145.10 Name of person who prepared this report: Jena Zander Title: Director of Administration Phone #: 813-792-3467 Preparer's Signature:

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

Contracting State Agency Name: Upstate Medical University Contract Number: C-503949 Agency Business Unit: Contract Term: 10/01/2015 to 04/30/2017 Agency Department ID: 3330001 Contractor Name: CPS Recruitment, Inc Contractor Address: 904 7th North Street, Liverpool NY 13088 Description of Services Being Provided: Temporary Medical Staffing				
☐ 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	
LPN	1.00	70.75	\$2,669.40	
Safety Companion	2.00	128.00	\$2,640.64	
Total this Page	3.00	198.75	\$5,310.04	
Grand Total	0.00	100.70	Ψ0,010.04	
Name of person who prepared this re Title: IT Specialist Preparer's Signature:  Date Prepared: 05/01/2018	eport: Jennifer Sil		315-457-2500	

Center Program

#### 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: SUNY Upstate	Medical University
Contract Number: C-503953	Agency Business Unit: SNY01
Contract Term: 07/01/2015 to 06/30/2020	Agency Department ID: 3330211
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams St, Syracuse	, NY 13210
Description of Services Being Provided: Medical D	irection of Pediatric Designated AIDS

☐ Data Processing ☐ Computer	Research Train Programming  ces Surveying	Other IT consulting	Services
☐ Accounting ☐ Auditing ☐ I	Paralegal Lega	al Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	1.00	520.00	\$76,820.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	520.00	\$76,820.00
Grand Total	1.00	520	\$76,820.00

Name of person who prepared this report: Leo Sawyer

Title: Practice Administrator

Preparer's Signature:

Phone #: 315-464-5450

Date Prepared: 03/26/2018

(Use additional pages, if necessary)

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

Report Period: April 1, 2016 to March 31, 2017 Contracting State Agency Name: SUNY Upstate Medical University Contract Number: C-503961 Agency Business Unit: Agency Department ID: 3320211 Contract Term: 09/01/2015 to 08/31/2020 Contractor Name: University Surgical Associates, LLP Contractor Address: 750 East Adams St., Suite 8141, Syracuse, NY 13210 Description of Services Being Provided: Pediatric Surgeon 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 ☐ Mental Health Services ☐ Health Services ☐ Accounting ☐ Auditing ☐ Paralegal Legal Other Consulting Number of Number of Amount Payable **Employment Category** Hours Worked **Employees** Under the Contract 29-1067 Surgeon \$916,933.00 1.80 3,744.00 0.00 0.00 \$0.00 0,00 0.00 \$0.00 \$0.00 0.00 0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 \$0.00 0.00 0.00 0.00 0.00 \$0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 50.00 0.00 0.00 \$916,933,00 3,744.00 Total this Page 1.80 \$916,933.00 1.80 3744,00 Grand Total Name of person who prepared this report: Jennifer Potter Phone #: (315)464-6271 Title: Project Staff Associate Preparer's Signature: Date Prepared: 03/02/2018/ Page 1 of 1 (Use additional pages, if necessary)

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

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

Contracting State Agency Name: SUNY Upstate M	Medical University
Contract Number: C-503962	Agency Business Unit: SNY01
Contract Term: 07/01/2015 to 06/30/2020	Agency Department ID: 3330211
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams St, Syracuse,	NY 13210
Description of Services Being Provided: Pediatric A Services	mbulatory Infusion & Transfusion Physician

Scope of Contract (Choose one that best fits): Evaluation Research Analysis Training Data Processing □ Computer Programming Other IT consulting Engineering Architect Services Surveying ☐ Environmental Services M Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting Number of Number of Amount Payable Hours Worked Under the Contract **Employment Category Employees** 29-1065.00 0,000 0.00 \$266,256,00 0.00 0.00 \$0.00 \*Payment is not based on number of hours worked. It is based on billings 0.00 0.00 \$0.00 and volume of patients receiving infusions and transfusions 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 0.00 \$0.00 0.00 \$266,256.00 Total this Page 0.00 **Grand Total** 0.00 \$266,256.00

Name	of	person	who	prepared	this	report: Leo	Sawver
		P		b. abar aa			- w

Title: Practice Administrator

Preparer's Signature:

Date Prepared: 03/26/2018

Phone #: 315-464-5450

OSC Use Only:	
Reporting Code:	
Category Code:	

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

		,	
Contracting State Agency Name: SUN Contract Number: C-503966 Contract Term: 7/1/2016 to Contractor Name: Department of Mediat Syracuse, Inc Contractor Address: 750 East Adams Description of Services Being Provided	6/30/2018 dicine Medical Service Street, Syracuse, NY	e Group at the SUNY E	
Scope of Contract (Choose one that Analysis Evaluati Data Processing			Training   IT consulting
Engineering Architect Serv	ices [] Survey		nmental Services
Health Services		alth Services	
Accounting Auditing			Other Consulting 🔲
		<b>—</b>	0 —
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1063.0	, <u>†</u>	1559	\$63,480.00
			1. 111118 111111
		•	
		<del>, ,</del>	
Tradel Alexander			
Total this page			
Grand Total	1 11 11 11 11 11 11 11 11 11 11 11 11 1		\$63480
Name of person who prepared this rep	ort: Matthew Hutz		
1 da 1/4		1-11-11	
Preparer's Signature:	<u>.</u>		_
Title: Chief Administrator Phone #: 31		Phone #: <u>315-464-</u>	8282
Date Prepared: <u>5/15/2018</u>			
Use additional pages if necessary)			Page of

#### Exhibit **Y**

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

#### **State Consultant Services**

Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 201

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Contracting State Agency Name: SUN Contract Number: C-503988 Contract Term: 4/4/2016 to		niversity Agency	Code: <b>28</b> (N) § 3320211
Contractor Name: Upstate Urology In			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	d Urologist		
	un		
Scope of Contract (Choose one that Analysis Evaluation	on 🔲 Resear		Training [] IT consulting []
	Computer Programm	ing Other	mental Services
Engineering Architect Scrv	ices Survey	_	imental Services
Health Services		alth Services	Other Consulting
Accounting Auditing	Paralegal 🛅	Legal 🔲	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1063.00	0	124	\$42,984.00
			\$0.00
	•		
		W	
		на .	
		MITTER 18 1 1 1	
,			
Total this page			
Grand Total			\$42,984.00
Name of person who prepared this	hrt: Matthaw Hittz		
TOT KI	Matthew Hutz		
Preparer's Signature:			_
Title: Chief Administrator		Phone #: 315-464-	8282
Date Prepared: 5/15/2018			
Use additional pages if necessary)			Page   of

#### Exhibit Y

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Pe	riod: April I, 2017 to	March 31, 2016	
Contracting State Agency Name: SU	MV Hastata Medical II	niversity Agency	Code: XXXX
Contracting state Agency Name . <u>SO.</u>	N r Opsiale Medical C	miversity Agency	3320211
Contract Term: <u>8/17/2015</u> to	8/16/2018		3320211
Contractor Name: Upstate Urology Is			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	ed Pediatric Urologist	1111	
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		reh 🗍	Training
Data Processing	Computer Programm		IT consulting [
Engineering Architect Serv		ring Enviror	mental Services
Health Services 🔀	Mental He	alth Services	
Accounting Auditing	Paralegal 🔙	Legal 🔲	Other Consulting 🔲
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1063.00	1	2,080	\$491,768.00
			\$0.00
	!		
######################################			
	1		
Total this page			
Grand Total			\$491,768.00
Name of person who prepared this re-	north Matthew Hut-		
Name of person who prepared this re	VIL WALLIEW FILIZ		
Preparer's Signature:			
Title: Chief Administrator	Title: Chief Administrator Phone #: 315-464-8282		
Date Prepared: 5/15/2018			
Use additional pages if necessary)			Page / of /

#### Exhibit Y

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Per	iod: April 1, 2017 to	March 31, 2018	
Contracting State Agency Name: SUN Contract Number: C-504013 Contract Term: 1/1/2014 to Contractor Name: Upstate Urology Inc Contractor Address: 750 East Adams: Description of Services Being Provided	6/30/2018 c Street, Syracuse, NY 1	3210	7 Code: <b>28 N.X</b> 3320211
Scope of Contract (Choose one that Analysis Evaluation	on Resear	=	Training
	Computer Programmi		IT consulting  mental Services
Engineering Architect Serv	ices Survey	alth Services	nmental Services
Accounting Auditing			Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.00	0	755	\$119,792.00
			\$0.00
Total this page			
Grand Total			\$119,792.00
Name of person who prepared this rep	ort: Matthew Hutz		
Title: Chief Administrator		Phone #: 315-464-	-8282
Date Prepared: <u>5/15/2018</u>	, 11 HAM.	• • • • • • • • • • • • • • • • • • •	
Use additional pages if necessary)			Page / of /

Exhibit Y FORM B		Reporti	se Only: ng Code: y Code:
	State Consultant S		
	ctor's Annual Emp	•	
керон ге	riod: April 1, 2017	to Waren 31, 2018	· · · · · · · · · · · · · · · · · · ·
Contracting State Agency Name: SUI Contract Number: C-504019 AOZ Contract Term: 5/1/2016 to 4/30/20 Contractor Name: Upstate Universit Contractor Address: 750 E. Adams Description of Services Being Provide	A#1 <u>)21</u> y Medical Associates s Street, Syracuse, NY	at Syracuse	3320211
Scope of Contract (Choose one that Analysis	on Rese Computer Programmices Surve	eying Enviro	Training IT consulting onmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
N12 Registered Nurse	0.1	182	\$ 9,807.66
Total this page Grand Total	0.1	182 182	\$ 9,807.66 \$ 9,807.66
Name of person who prepared this reported:  Citie: Sr. Administrative Coordinator  Date Prepared: 05/15/2018	rt: Christine Saus	<u> </u>	
Jse additional pages if necessary)			Page 1 of 1

Exhibit	Y
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OSC Use Only:	
Reporting Code:	
Category Code:	

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

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28MM Contract Number: C-504019 3320211 Contract Term: 5/1/2016 to 4/30/2021 Contractor Name: Upstate University Medical Associates at Syracuse Contractor Address: 750 E. Adams Street, Syracuse, NY 13210 Description of Services Being Provided Staff leasing of health service professionals				
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ring Environal E	Training r IT consulting onmental Services Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable	
			inder the Control	
NO7 Clerical Specialist II	.7		Under the Contract \$ 41.713.45	
NO7 Clerical Specialist II	.7	1,395 2,047	\$ 41,713.45	
	.7	1,395		
NO3 Medical Office Assistant NO6 Patient Care Specialist N12 Registered Nurse	.7 1 2 1.9	1,395 2,047	\$ 41,713.45 \$ 45,077.12	
NO3 Medical Office Assistant NO6 Patient Care Specialist	.7 1 2	1,395 2,047 4,132	\$ 41,713.45 \$ 45,077.12 \$ 109,433.39	
NO3 Medical Office Assistant NO6 Patient Care Specialist N12 Registered Nurse	.7 1 2 1.9	1,395 2,047 4,132 3,882	\$ 41,713.45 \$ 45,077.12 \$ 109,433.39 \$ 178,394.05	
NO3 Medical Office Assistant NO6 Patient Care Specialist N12 Registered Nurse	.7 1 2 1.9	1,395 2,047 4,132 3,882	\$ 41,713.45 \$ 45,077.12 \$ 109,433.39 \$ 178,394.05	

Name of person who prepared this report: Christine Sauve	·
Preparer's Signature: Christine, Sauce	
Title: Sr. Administrative Coordinator	Phone #: _(315) 464-6853
Date Prepared: 05/15/2018	
Use additional pages if necessary)	Page 1 of 1

Use additional pages if necessary)

Page 1 of 1

Exhibit Y  FORM B		OSC Us Reportis Categor	se Only:
FORM B		Categor	y Code:
	State Consultant S	ervices	
Contra	ctor's Annual Empl	oyment Report	
Report Pe	riod: April 1, 2017 t	o March 31, 2018	
Contracting State Agency Name :SU	NY Upstate Medical I	University Agenc	y Code: <b>X81XX</b>
Contract Number: C-504024			3320211
Contract Term: 7/1/2016 to 6/30/20			3320211
Contractor Name: Upstate University			·
Contractor Address: 750 E. Adams	s Street, Syracuse, NY	13210	
Description of Services Being Provide	<b>d</b> Staff leasing of h	nealth service professions	ıls
	<del></del>		
Same of Contract (Change of the Contract of th	L 4 C4.)		
Scope of Contract (Choose one that		t. [7]	m · · · · ·
Analysis Evaluati Data Processing		irch	Training [
Engineering Architect Serv	Computer Programm		IT consulting [
Health Services X		ying D Environe ealth Services D	nmental Services
Accounting Auditing	Paralegal [	=	O
Additing [ ]	r an anckar ☐1	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
N06 Administrative Assistant I	3.1	6,472	\$ 185,084,83
N06 Clerical Specialist I	1.8	3,820	\$ 92,274.52
N07 Clerical Specialist II	13.2	27,502	\$ 706,134.07
N03 Clerk I	1.1	2,302	\$ 53,926.27
N03 Medical Office Assistant	2.8	5,791	\$ 138,376.96
N06 Patient Care Specialist	6.2	12,936	\$ 360,753.05
N04 Patient Care Technician	10.0	26	\$ 602.61
N12 Registered Nurse	6.4	13,261	\$ 506,337.50
N05 Secretary II	20.7	43,153	\$ 954,148.72
	55.31	115,263	\$ 2,997,638.53
Total this page			
Total this page Grand Total	55.31	115,263	\$ 2,997,638.53
	55.31	115,263	
Grand Total  Name of person who prepared this repo	55.31  Ort: Christine Sauv	115,263	
Grand Total  Name of person who prepared this repo	55.31  Ort: Christine Sauv	115,263	\$ 2,997,638.53

Exhibit Y		Reporti	se Only: ng Code:
FORM B		Categor	y Code:
	State Consultant S	ervices	
Contrac	ctor's Annual Empl	oyment Report	
Report Per	iod: April 1, 2017 t	o March 31, 2018	4
Contracting State Agency Name: SUN Contract Number: C-504025		University Agenc	y Code: <b><u>ZRNN</u></b> 3320211
Contract Term: 7/1/2016 to 6/30/201 Contractor Name: Upstate University		at Cyracusa	
Contractor Address: 750 E. Adams			
Description of Services Being Provided	i Staff leasing of h	ealth service professiona	ıls
Scope of Contract (Choose one that he Analysis Evaluation Data Processing Contract (Choose one that he Analysis Analysis Architect Service Choose one that he Analysis Analysis Analysis Architect Service Choose one that he Analysis Analys	n Resea		Training   IT consulting
Health Services X		ealth Services	nmental Services
Accounting Auditing			Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
N07 Clerical Specialist II	1	2,120	\$ 53,456.91
N03 Clerk I N03 Medical Office Assistant	2	4,101	\$ 86,519.47
NO5 Secretary II	1,2	2,436	\$ 63,918.29
1403 Secretary II	J	10,552	\$ 241,800.41
		and the second s	
T-4-141			
Total this page Grand Total	9.2	19,209	\$ 445,695.08
URIOT DIBIT	7.6	19,209	\$ 445,695.08
Name of person who prepared this repor	t: Christine Sauve	е	
Preparer's Signature: Christine	Saure		
Title: Sr. Administrative Coordinator		Phone #: _(315) 464	-6853
Date Prepared: 05/15/2018		_ 12121444	-0033
•			
Jse additional pages if necessary)			Page 1 of 1

Exhibit Y FORM B			se Only: ng Code: y Code:
	State Consultant S actor's Annual Emploriod: April 1, 2017	loyment Report	
Contracting State Agency Name: SUI Contract Number: C-504026 Contract Term: 07/01/2017 to 06/30/2 Contractor Name: Upstate Universit Contractor Address: 750 E. Adams Description of Services Being Provide	NY Upstate Medical 018 by Medical Associates s Street, Syracuse, NY	University Agence at Syracuse 13210	y Code: <b>2811 6</b> 3320211
Scope of Contract (Choose one that Analysis Evaluation Data Processing Architect Serv Health Services Accounting Auditing Auditing	on Reservence  Computer Programm ices Surve  Mental H  Paralegal	ning  Other ying  Environealth Services   Legal	Training  IT consulting  Immental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
N07 Clerical Specialist II N05 Secretary II	2.3	2,080	\$ 47,563.79 \$ 121,028.55
Total this page Grand Total  Name of person who prepared this repo	7	6,767 6,767	\$ 168,592.34 \$ 168,592.34
Preparer's Signature:	· · · · · · · · · · · · · · · · · · ·	Phone #:(315) 464	-6853 Page 1 of 1

Exhibit Y		OSC Us Reportin	ig Code:
FORM B		Category	Code:
	State Consultant Se	ervices	
Contra	etor's Annual Empl	oyment Report	
Report Pe	riod: April 1, 2017 t	o March 31, 2018	
Contracting State Agency Name :SU	NY Unstate Medical I	University Agency	y Code: XXXX
Contract Number: C-504027			3320211
Contract Term: 7/1/2016 to 6/30/20			
Contractor Name: Upstate University Contractor Address: 750 E. Adams	Medical Associates at	Syracuse	
Description of Services Being Provide	ed Staff Leasing of I	Je19	
	O CONTROLL	teanin betvice i toylaers	*
S	2 4 64 >		Opening of the Control of the Contro
Scope of Contract (Choose one that Analysis Evaluati		rch 🗍	Tarinia - []
Data Processing	Computer Programm	_ ==	Training  IT consulting  IT
Engineering Architect Serv			mental Services
Health Services X		ealth Services	
Accounting Auditing	Paralegal 🔲	Legal 🗍	Other Consulting [
		and the second second second	
Employment Category	Number of	Number of Hours	Amount Payable
NOC Administration Assistant	Employees 4	Worked	Under the Contract
N06 Administrative Assistant I N05 Clerk II	1	8,017 2,015	\$ 204,602.91
N03 Medical Office Assistant	1	1,908	\$ 26,878.08 \$ 43,483.51
E99 Project Staff Assistant	1	2,080	\$ 64,046.20
N12 Registered Nurse	3.7	7,742	\$ 372,737.74
N05 Secretary II	2	4,167	\$ 104,629.06
N07 Senior Patient Care Specialist	1	2,159	\$ 78,677.63
Manager with an analysis of the control of the cont			
		and the second s	
Total this page	12.6	28,088	0.005.055.13
Grand Total	13.7 13.7	28,088	\$ 895,055.13 \$ 895,055.13
Ormiu I Vidi	13./	20,000	3 073,033.13
Name of person who prepared this repo	ort: Christine C. Sau	ive	
Preparer's Signature: Mustine	Sauve		
		D1 21 /015\464	
Title: Sr. Administrative Coordinator		Phone #: _(315) 464-	-0833
Date Prepared: 05/15/2018			
Use additional pages if necessary)			Page 1 of

Exhibi	t Y
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OSC Use Only:	
Reporting Code:	
Category Code:	

Page 1 of 1

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

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

Contracting State Agency Name: SUN	Y Upstate Medical U	Iniversity Agenc	y Code: 28/1X0
Contract Number: C-504028			3320211
Contract Term: 7/1/2016 to 6/30/201			
Contractor Name: Upstate University			Thomas and the same and the sam
Contractor Address: 750 E. Adams	Street, Syracuse, NY	13210	the control of the co
Description of Services Being Provided	L Staff leasing of h	ealth service professiona	als
			· · · · · · · · · · · · · · · · · · ·
Scope of Contract (Choose one that b	nat fitale		
Analysis Evaluation		roh [T]	T:
	Computer Programmi		Training [
Engineering Architect Service	es Survey		IT consulting  nmental Services
Health Services X		alth Services	umental Services [
Accounting Auditing	Paralegal [		Other Consulting
	·	20gm	Onici Consuming [_]
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
N06 Administrative Assistant I	6	12,510	\$ 273,531,79
N07 Administrative Assistant II		2,068	\$ 73,941.06
N06 Clerical Specialist I		2,066	\$ 52,269.64
N07 Clerical Specialist II			
	3.2	6,724	\$ 197,299.13
N03 Clerk I	3.2 0.04	6,724 76	\$ 197,299.13 \$ 1,923.12
N03 Clerk I N05 Clerk II			The same of the sa
N03 Clerk I N05 Clerk II		76	\$ 1,923.12
N03 Clerk I N05 Clerk II N03 Medical Office Assistant	0.04	76 2,006	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22
N03 Clerk I	0.04 1 9.5	76 2,006 19,827	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22 \$ 103,497.96
N03 Clerk I N05 Clerk II N05 Clerk II N03 Medical Office Assistant N06 Patient Care Technician E79 Principal Medical Lab Technologist N12 Registered Nurse	0.04 1 9.5 2	76 2,006 19,827 4,172	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22 \$ 103,497.96 \$ 53,039.91
N03 Clerk I N05 Clerk II N05 Clerk II N03 Medical Office Assistant N06 Patient Care Technician E79 Principal Medical Lab Technologist N12 Registered Nurse N05 Secretary II	0.04 1 9.5 2 0.4	76 2,006 19,827 4,172 840	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22 \$ 103,497.96 \$ 53,039.91 \$ 339,500.43
N03 Clerk I N05 Clerk II N05 Clerk II N03 Medical Office Assistant N06 Patient Care Technician E79 Principal Medical Lab Technologist N12 Registered Nurse N05 Secretary II N08 Senior Administrative Assistant	0.04 1 9.5 2 0.4 4.9 8.7 2	76 2,006 19,827 4,172 840 10,108 18,070 4,540	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22 \$ 103,497.96 \$ 53,039.91
N03 Clerk I N05 Clerk II N03 Medical Office Assistant N06 Patient Care Technician	0.04 1 9.5 2 0.4 4.9 8.7	76 2,006 19,827 4,172 840 10,108 18,070	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22 \$ 103,497.96 \$ 53,039.91 \$ 339,500.43 \$ 406,275.23
N03 Clerk I N05 Clerk II N05 Clerk II N03 Medical Office Assistant N06 Patient Care Technician E79 Principal Medical Lab Technologist N12 Registered Nurse N05 Secretary II N08 Senior Administrative Assistant	0.04 1 9.5 2 0.4 4.9 8.7 2	76 2,006 19,827 4,172 840 10,108 18,070 4,540	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22 \$ 103,497.96 \$ 53,039.91 \$ 339,500.43 \$ 406,275.23 \$ 189,585.78
N03 Clerk I N05 Clerk II N05 Clerk II N03 Medical Office Assistant N06 Patient Care Technician E79 Principal Medical Lab Technologist N12 Registered Nurse N05 Secretary II N08 Senior Administrative Assistant E79 Senior Medical LabTechnologist	0.04 1 9.5 2 0.4 4.9 8.7 2 .7	76 2,006 19,827 4,172 840 10,108 18,070 4,540 1,360	\$ 1,923.12 \$ 49,207.02 \$ 430,372.22 \$ 103,497,96 \$ 53,039.91 \$ 339,500.43 \$ 406,275.23 \$ 189,585.78 \$ 60,108.31

Name of person who prepared this report: Christine Sauve	
Preparer's Signature: Christine Jaure	
Title: Sr. Administrative Coordinator	Phone #: _(315) 464-6853
Date Prepared: 05/15/2018	

Use additional pages if necessary)

New York State Consultan	Service	es
Contractor's Annual Employ	ment F	Report
Report Period: April 1, 2016 to M	Lrob 21	2047

Report Period:	April 1, 2016	to M	arch 31, 201	7
Contracting State Agency Name: S Contract Number: C-504033 Contract Term: 02/01/2016 to 1/3 Contractor Name: University Surgical Contractor Address: 750 East Adams Description of Services Being Provide	1/2020 I Associates, LLI s St., Suite 8141	Agen Agen P , Syrad	cy Business Ur cy Department puse, NY 1321	10: 33.2c.211
Scope of Contract (Choose one that be Analysis	search		(T consulting Environmental	Services
Accounting Auditing Par	ralegal 🔲 Leg	al	Other Consult	ting
Employment Category	Number of Employees		lumber of urs Worked	Amount Payable Under the Contract
43-6011.00	1.00		1,872.00	\$72,110.00
	0.00		0.00	\$0.00
	0.00		0,00	\$0.00
	0.00		0.00	\$0.00
	0.00		0.00	\$0.00
	0.00		0.00	\$0.00
	0.00		0.00	\$0.00
	0.00	-	0.00	\$0.00
	0.00		0.00	\$0.00
	0.00		0.00	\$0.00
	0.00		0.00	\$0.00
	0.00	ĺ	0.00	\$0.00
	0.00		0.00	\$0.00
Total this Page	1.00		1,872.00	\$72,110.00
Grand Total	1.00		1,872	\$72,110.00
Name of person who prepared this re Title: Project Staff Associate Preparer's Signature: Date Prepared: 03/05/2018  (Use additional pages, if necessary)	port: Jennifer Pot	ter	Phone #:	(315)464-6271 Page 1 of 1

EXHIBIT Y		OSC Use Only	
FORM B		Reporting Code Category Code	
FORM B		Category Code	
State Co	nsultant Services	CONTROL WY HOUSE THE STATE OF T	, , , , , , , , , , , , , , , , , , ,
Contractor's An	ausi Employment Re	port	
Report Period: April	1,2017 to March ?	31, <u>2018</u>	
de la companya del companya del companya de la comp	W 1- 7-1-7-1-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Business Unit State of NY Department Name	Upstate Medical Un	versity Departm	ent ID#:   3320211
Contract No: <u>C - 504034</u>			
Contract Term: 71116 to 6130			
Contractor Name: Physica = = = Oc			
Contractor Address: 750 EAST Adam	ss st, sypa	cuse, N'Y	3210
Description of Services CLINICAL MA	HAGEMENT SE	quices for	Concession C
Scope of Contract (Choose one that best Fits)			
Analysis	Research	Tr	aining 🔲
Data Processing Computer Programming	☐ Other	IT Consulting	
Engineering Architect Services	Surveying	Environmental	Services
Health Services Mental	Health Services	<b>-</b>	
Accounting Auditing Paraleg	al 🗌 Legal	☐ Oth	er Consulting
Employment Category	Number of	Number of	Amount Payable
	Employees	Hours Worked	Under the Contract
29-1069-8		1040	3168,276,25
	arman yangan mada Al-Mada Mada Mada Mada Mada Mada Mada Mada		
			an bus
			**************************************
	····		
Total This Page			
Grand Total			
Name of Person who Prepared This Report:	Phone		24-2cc
Use additional pages if necessary		Page	eof

OSC Use Only:	
Reporting Code:	
Category Code:	

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

<u> </u>	iou: April 1, 2017 to	ITEMS CIL OR, MORO	
Contracting State Agency Name: SUN Contract Number: C-504039 Contract Term: 7/1/201 to6/30/2 Contractor Name: Department of Med at Syracuse, Inc_ Contractor Address: 750 East Adams Description of Services Being Provide	022 licine Medical Service Street, Syracuse, NY	: Group at the SUNY H	
Scope of Contract (Choose one that Analysis Evaluation Data Processing Engineering Architect Serv Health Services \[ Accounting Auditing	on	ing  Other ring  Environ calth Services   Legal	Training   IT consulting   mental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.00	<b>8</b> 7	16,640 14,560	\$2,367,169.00 \$942,664.00
29-1071.00			
Total this page			
Grand Total			\$3309833.00
Name of person who prepared this ret Preparer's Signature:  Title: Chief Administrator  Date Prepared: 5/15/2018	port: Matthew Hutz	Phone #: <u>315<b>-4</b>64</u>	
Use additional pages if necessary)			Page of

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Contracting State Agency Name: SUI	NY Upstate Medical L	Iniversity Agency	Code: X28 KW
Contract Number: C-504042	4/10/0000		3320211
Contract Term: 4/13/2017 to Contractor Name: Department of Med	<u>4/12/2020</u>	Crown at the SIMV L	Inalth Salaman Camana
at Syracuse, Inc			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	d Nephrology Recru	itment	
Scope of Contract (Choose one that		. <b>_</b>	
Analysis Evaluati			Training 🔲 🔃
Data Processing	Computer Programm	ing [ Other	IT consulting [
Engineering Architect Serv			mental Services 🔲 📗
Accounting Auditing		ealth Services 🔲 Legal 🔲	Other Consulting
Adding	i ara(egai 🗀	regai 🗀	Officer Consuming [_]
Employment Category	Number of	Number of Hours	Amount Payable
• "	Employees	Worked	Under the Contract
29-1063.0	1	2,080	\$323,237.00
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		1 1 111	
11 11 11 11 11 11 11 11 11 11 11 11 11			
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
Total this page			
Grand Total			\$323,237.00
Name of person who prepared this rep	ortz Matthew Hutz		1 11111 11111
Preparer's Signature:	60-		· ····
Title: Chief Administrator		Phone #: 315-464-8	-
Date Prepared: 5/15/2018		r none #: <u>515-404-</u> 6	202
			_ 1 _F
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:	SUNY Upstate Me		
Contract Number: C-504049		Agency Business Ur	
Contract Term: 07/01/2015 to 06		Agency Department	ID: 33 <b>3</b> 0211
Contractor Name: Pediatric Service			
Contractor Address: 750 East Adam			
Description of Services Being Provi	ded: Antibiotic Ste	ewardship & Consulta	ative Services
Scope of Contract (Choose one that	best fits):		
☐ Analysis ☐ Evaluation ☐ R	esearch Trai	ning	
☐ Data Processing ☐ Computer F	Programming	Other IT consulting	
☐ Engineering ☐ Architect Service	es Surveying	☐ Environmental	Services
	th Services		
☐ Accounting ☐ Auditing ☐ P	aralegal Leg	al Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	1.00	208.00	\$31,720.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	208.00	\$31,720.00

1.00

	Name	of	person	who	prepared	this	report.	Leo	Sawv
--	------	----	--------	-----	----------	------	---------	-----	------

Title: Practice Administrator

Preparer's Signature: \_

**Grand Total** 

Phone #: 315-464-5450

208

Date Prepared: 03/26/2018

(Use additional pages, if necessary)

\$31,720.00

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

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

Contract Number: C-504051 Contract Term: 07/01/2015 to 06/ Contractor Name: Pediatric Service ( Contractor Address: 750 East Adams Description of Services Being Provid	Group, LLP s St, Syracuse, N		ID: 33 <b>3</b> 0211
☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health	search	Other IT consulting  Environmental	_
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	1.00	416.00	\$47,027.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
			ψ0.00
	0.00	0.00	
			\$0.00
	0.00	0.00	\$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 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 Grand Total	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0,00 \$0.00 \$0.00 \$0.00

Date Prepared: 03/26/2018

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

Contracting State Agency Name: S Contract Number: C-504052 Contract Term: 07/01/2015 to 06/ Contractor Name: Pediatric Service C Contractor Address: 750 East Adams Description of Services Being Provid  Scope of Contract (Choose one that b Analysis Evaluation Re Data Processing Computer Processing	30/2020 Group, LLP s St, Syracuse, Ned: Medical Dire	Agency Business Un Agency Department IY 13210	ID: 33 <b>3</b> 0211
Engineering Architect Services		Environmental	Services
☐ Health Services ☐ Mental Health		-	<b>4</b> :
Accounting Auditing Pa  Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	1.00	208.00	\$36,324.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	208.00	\$36,324.00
Grand Total	1.00	208	\$36,324.00
Name of person who prepared this re Title: Practice Administrator Preparer's Signature:	eport: Leo Sawyer		315-464-5450

EXHIBIT Y		OSC Use Only Reporting Cod	
FORM B		Category Code	
State Co	onsultant Services	A	and the state of t
	nual Employment Re	_	
Report Period: April	1, <u>2017</u> to March	31'95/2	- AND STALL AND ASSESSMENT OF THE STALL ASSESSMENT OF
Business Unit   State of NY   Department Name	Upstate Medical Ur	iversity   Departn	ient ID#:   3320211
Contract No: <u> </u>	· · · · · · · · · · · · · · · · · · ·		in the same of the
Contract Term: 71116 to 630			The same of the sa
Contractor Name: Chysica - 1501 Cine			
Contractor Address: 750 FAST ADA	os st, sypa	mee and	13210
Description of Services HOSPITALIST SE Being Provided Com PA	enices to Pr Ehensive Rei	nady intation	PATIENTS SERVICES
Scope of Contract (Choose one that best Fits)			
Analysis Evaluation	Research	Ţ	raining 🔲
Data Processing Computer Programming	☐ Other	IT Consulting	
Engineering Architect Services	Surveying	Environmental	Services
Health Services 💆 Mental	Health Services		
Accounting Auditing Paraleg	al 🗌 Legai	☐ Oth	er Consulting
Employment Category	Number of	Number of	Amount Payable
29-1069-08	Employees	Hours Worked える8つ	Under the Contract
	All final Authorities and a second se	***************************************	
			10.00
The state of the s			
Total This Page Grand Total			
Name of Person who Prepared This Report:	stopper L	ر ۱۹۰ ۱ م	
Preparer's Signature:	Phone	#: 315-464	- 2 <i>0</i> 00
Date Prepared: 3/22/18	FIIONS		
Use additional pages if necessary		Pag	e of

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

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

Contracting State Agency Name:	SUNY Upstate Me	edical University	
Contract Number: C-504057		Agency Business Ur	nit: SNY01
Contract Term: 07/01/2016 to 06	/30/2021	Agency Department	ID: 33 <b>3</b> 0211
Contractor Name; Pediatric Service	Group, LLP		
Contractor Address: 750 East Adam	s St, Syracuse, N	IY 13210	
Description of Services Being Providence	ded: Medical Dire	ector of University Ped	diatric & Adolescent
Center (UPAC)			
Scope of Contract (Choose one that I	•	ining	
☐ Analysis ☐ Evaluation ☐ Re☐ Data Processing ☐ Computer P	esearchTra	Other IT consulting	
	_	9	Sarvicas
☐ Engineering ☐ Architect Service ☐ Health Services ☐ Mental Healt			Sel vices
	arategal 🔲 Leg	jal 🔲 Other Consul	tina
Zi Accounting Zi Accioning			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	1.00	624.00	\$85,422.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	624.00	\$85,422.00
Grand Total	1.00	624	\$85,422.00
Name of person who prepared this r	eport: Leo Sawyer		
Title: Practice Administrat	or /	Phone #:	315-464-5450
Preparer's Signature:	MMM	<u> </u>	
Date Prepared: 03/26/2018		-	

(Use additional pages, if necessary)

EXHIBIT Y		OSC Use Only:	
FORM B		Reporting Code Category Code:	
FORM		Cattoriory Code,	
State Co	nsultant Services	DA 9 V	Hib Annasson we specify a Standard may self the Mark habean an assent money to the
	nual Employment Ro	•	
Report Period: April	1, 2017 to March	31, 2018	
The state of the s			1751 13333311
Business Unit State of NY Department Name Contract No: C504084	Upstate Medical Ur		ent ID#: 3320211
Contract Term: June 1,2016 to 531	May 31, 201		A STATE OF THE STA
Contractor Name: University Dtola	uryngology te	sociales of	CNTILLT
Contractor Address: 750 Fast Adams	15 STRET	H. C.	LUIN APPE
Description of Services		A STATE OF THE STA	
Being Provided ON CA	7LL-		
Scope of Contract (Choose one that best Fits)			
Analysis Evaluation	Research 🔲	Tr	aining 🔲
Data Processing Computer Programming	Other	IT Consulting	
Engineering Architect Services	Surveying 📋	Environmental	Services 🔲
Health Services Mental	Health Services		
Accounting Auditing Paralegi	al 🗌 Legai	(C) Oth	er Consulting
Employment Category	Number of	Number of	Amount Payable
AND THE RESIDENCE OF THE PARTY	Employees	Hours Worked	Under the Contract
on cell Physician		24h(5/365	1,642.500.60
	a-a -10-a -10-a -11-ff ********************************	1.12-0.0	
id Pro	(final property of the propert	N. (1. C.) P. P. T.	SHIP (ATS/PHPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
1120		i	1
	nade(VIII)	W. Market	AND ARREST ARREST AND ARREST ARREST AND ARREST AND ARREST AND ARREST AND ARREST AND ARREST
		Manager and Manage	
Total This Page			
Total This Page Grand Total			
Grand Total			
Grand Total  Name of Person who Prepared This Report:	Craner		
Name of Person who Prepared This Report: 150 Preparer's Signature: 150		# 2:6.1/	
Grand Total  Name of Person who Prepared This Report:	Crane	#: 215.46	4 2 2 3

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

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

Contracting State Agency Name: S Contract Number: C-504088 Contract Term: 07/01/2016 to 06/ Contractor Name: Pediatric Service C Contractor Address: 750 East Adams Description of Services Being Provid	30/2021 Group, LLP s <b>S</b> t, Syracuse, N	Agency Business Ur Agency Department IY 13210	
	4 E/4- \		
☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health	search	Other IT consulting  Environmental	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1065.00	5.00	1,414.00	\$43,489.12
29-1171.00	1.00	280.00	\$4,835.13
29-1065.00	12.00	5,200.00	\$324,683.10
29-1171.00	4.00	2,150.00	\$36,075.90
29-1065.00	18.00	4,889.00	\$257,198.74
29-1171.00	4.00	1,806.00	\$45,388.01
29-1065.00	4.00	1,950.00	\$174,506.85
29-1171.00	1.00	244.00	\$19,389.65
	0.00	0.00	\$0.00
	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	49.00	17,933.00	\$905,566.50
Grand Total	49.00	17,993	<b>∮</b> 905,566.50
Name of person who prepared this re Title: Practice Administrate Preparer's Signature:			315-464-5450

(Use additional pages, if necessary)

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Contracting State Agency Name: SL	JNY Upstate Medical L	<u>Iniversity</u> Agency	/ Code: 28N9
Contract Number: <u>C-504095</u> Contract Term: <u>7/1/2016</u> to	6/30/2018		3320211
Contract Term: 7/1/2016 to Contractor Name: Department of Me		e Group at the SHNV F	lealth Science Center
at Syracuse, Inc		·	
Contractor Address: 750 East Adam	s Street, Syracuse, NY	13210	
Description of Services Being Provide	led Antibiotic consulta	ation	
<del></del>			, , , , , , , , , , , , , , , , , , ,
Scope of Contract (Choose one tha	t best fits): tion ☐ Peseo	rch 🗀	Training
Analysis	Computer Programm		IT consulting
Engineering Architect Ser	vices Survey		nmental Services
Health Services 🖂	Mental He	alth Services	_
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting [
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1063.0	0	1,185	\$146,125.00
			1 1111111
	-		
Total this page			
Grand Total		10-100	\$146125.00
Name of person who prepared this re	pgrt: <u>Matthew Hutz</u>		
Preparer's Signature:	<b>V4</b>		_
Title: Chief Administrator		Phone #: 315-464-	8282
Date Prepared: <u>5/15/2018</u>			
Use additional pages if necessary)			Page of

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: SUNY Upstate Contract Number: C504097	Agency Business Unit:	
Contract Term: 06/01/2016 to 5/31/2021	Agency Department ID: 281100X	
Contractor Name: Psychiatry Faculty Practice, Inc Contractor Address: 713 Harrison Street, Syracus Description of Services Being Provided: Medical	se, NY 13210	ť
Scope of Contract (Choose one that best fits):	Training	

☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Trai	ning	
☐ Data Processing ☐ Computer Pr	ogramming 🔲	Other IT consulting	
☐ Engineering ☐ Architect Services			Services
☐ Health Services	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗌 Leg	al Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	4.00	1,456.00	\$202,889.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
14	0.00	0.00	\$0.00
· i	0.00	0.00	\$0.00
,	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	4.00	1,456.00	\$202,889.00
Grand Total	4.00	1,456	\$202,889.00

Name of person who prepared this report: Barbara A. Svoboda

Title: Practice Plan Administrator

Phone #: 315-464-3119

Preparer's Signature: Sawace a Leobode

. . , - - - -

Date Prepared: 05/04/2018

(Use additional pages, if necessary)

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: Suny Upstate N Contract Number: C-504102	Agency Business Unit: 28110			
Contract Term: 04/01/2017 to 03/31/2018	Agency Department ID: 34432236			
Contractor Name: Upstate Orthopedics, LLP	3320211			
Contractor Address: 6620 Fly Road, Ste 200 Eas	t Syracuse, NY 13057			
Description of Services Being Provided: Orthope and Pedicatri Orthopedic Trauma On Call Covera				
Scope of Contract (Choose one that best fits):				
☐ Analysis ☐ Evaluation ☐ Research ☐	Training			

☐ Data Processing ☐ Computer Pro	ogramming 🗀	Other IT consulting	
☐ Engineering ☐ Architect Services	Surveying	j ⊟ Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal 🔲 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
29-1067.00 Trauma Coverage	1.00	8,760.00	\$438,000.00
29-1067.00 Spine Coverage	1.00	- 8,760.00	\$100,000.00
29-1067.00 - Pediatric Coverage	1.00	8,760.00	\$182,500.00
·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
·	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
,	0.00	0.00	\$0.00
	0.00	0.00	<b>\$0</b> .00
Total this Page	3.00	26,280.00	\$720,500.00
Grand Total	3.00	26,280.00	\$720,500.00

Name of person who prepared this report: Cynthia M	Morris	vnthia	Cyn	report:	this	pared	pre	who	person	of	Name
----------------------------------------------------	--------	--------	-----	---------	------	-------	-----	-----	--------	----	------

Title: Accountant

Phone #: 315-464-8197

Date Prepared: 04/23/2018

Preparer's Signature:

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: Suny Upstate Medical University  Contract Number: C-504102  Contract Term: 04/01/2017 to 03/31/2018  Contractor Name: Upstate Orthopedics, LLP  Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057				
Description of Services Being Provided: Orthopedic Trauma On Call for Community Hospital				
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	
	0.00	0.00	\$0.00	
29-1067.00 Trauma Coverage	1.00	8,760.00	\$365,000.00	
	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	
Total this Page	1.00	8,760.00	\$365,000.00	
Grand Total	1.00	8,760.00	\$365,000.00	

Name of person who prepared this report: Cynthia Morris

Title: Accountant

Preparer's Signature:

Date Prepared: 04/23/2018

Phone #: 315-464-8197

(Use additional pages, if necessary)

☐ Computer Programming

AC 3272-S (Effective 4/12)

□ Data Processing

#### **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: Suny Upstate Me	edical University
Contract Number: C-504103	Agency Business Unit: 28110
Contract Term: 04/01/2017 to 03/31/2018	Agency Department ID: 3413236
Contractor Name: Upstate Orthopedics, LLP	3320211
Contractor Address: 6620 Fly Road, Ste 200 East	Syracuse, NY 13057
Description of Services Being Provided: Quality O Hospital's Orthopedic Surgery Services Program	fficier Physican Services for the Upstate
Scope of Contract (Choose one that best fits):	Fraining

☐ Other IT consulting

☐ Engineering ☐ Architect Services	s Surveying	☐ Surveying ☐ Environmental Services		
⊠ Health Services ☐ Mental Health Services				
☐ Accounting ☐ Auditing ☐ Pa	ıralegal 🔲 Leç	gal 🔲 Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Physician Manager	0.00	ź 0.00	\$0.00	
11-9111.00/29-1067.00	0.20	416.00	\$64,5 <del>6</del> 9.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	0.20	416.00	\$64,569.00	
Grand Total	0.20	416	\$64,569.00	

Name of person who prepared this report: Cynthia Morris

Title: Accountant

Preparer's Signature: \(\frac{\cup}{2}\)

Phone #: 315-464-8197

Date Prepared: 04/23/2018

EXHIBIT Y  OSC Use Only:			
FORM B Reporting Code:			
		3,3	
State Co	nsultant Services		
Contractor's Annual Employment Report			
Report Period: April	1, <u>Jui7</u> to March	31, <u>2018</u>	
Business Unit State of NY Department Name Contract No: (-504/05	Upstate Medical Ur	iversity   Departm	nent ID#: 3320211
Contract Term: 12 5 2016 to 9130 2			
Contractor Name: First Choice Statt			
Contractor Address: 7525 Mossocia Re	CEC		
	TOF SUMY S	prevaled Pa	dient Program
Scope of Contract (Choose one that best Fits)		4	
Analysis	Research	Tr	raining
Data Processing Computer Programming	Other	TT Consulting	
Engineering Architect Services	Surveying	Environmental	Services
Health Services	Health Services		
Accounting Auditing Paralege	al 🗌 Legal	Oth	ner Consulting
Employment Category	Number of	Number of	Amount Payable
II I - Head I C MI all - 5	Employees	Hours Worked	Under the Contract
Education framing, + library workers, Allether	169	14,730	8 307,036.40
mirage	(6)	na	*2,174.25
J			
	NEW VICTORIA de la de		
VO, W TVOOL ALL A A A A A A A A A A A A A A A A		1	
	F-17-74 MA TO		TO THE PARTY OF TH
Total This Page			
Grand Total	<del>1000-11</del> 115	14,777	1313,860.65
Name of Person who Prepared This Report: MUCT / Preparer's Signature: 26.00 // Title: 50.00 // Sor Date Prepared: 57.3/18	Nabiryer Phone		
Use additional pages if necessary		Pag	c of

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Reportit	110d. April 1, 2017 to	·	
Control Cart A NT CTT	NTS/ TTm-4-4- 3 # - 3! 1 T	Tur Turania dalla	A - 1 - XMII MA
Contracting State Agency Name: <u>SU</u> Contract Number: C-504120	N T Opstate Medical C	niversity Agency	y Code: XXXXX 3320211
Contract Term: <u>5/1/2017</u> to	4/30/2022		JJ40411
Contractor Name: Department of Me		e Group at the SUNY H	lealth Science Center
at Syracuse, Inc			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	ed Hospitalist		
Scope of Contract (Choose one that		• 1111	11 11 11 11
Analysis 🗌 🔃 Evaluati		rch 🔲	Training
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services 🔲
Health Services ⊠ Accounting □ Auditing □		alth Services	Odbar Carandaina 🗖
Accounting	raraiegai [_]	Legal [	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
"	Employees	Worked	Under the Contract
29-1063.0	17	35,360	\$5,956,284.00
)			
	, , ,,,,		
		, ,	
Total this page			
Grand Total			\$5,956,284.00
Name of person who prepared this rep	grt: Matthew Hutz		
Preparer's Signature:	7		
Title: Chief Administrator		Phone #: <u>315-464-</u>	8282
Date Prepared: <u>5/15/2018</u>			· <del></del>
Use additional pages if necessary)			Page of

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Contracting State Agency Name: <u>SUI</u> Contract Number: <u>C504140</u>	NY Upstate Medical U	Iniversity Agency	y Code: <b>28 XX</b>
Contract Number: C504140  Contract Term: 8/11/2016 to	8/10/2021		3320211
Contractor Name: Department of Me	dicine Medical Service	e Group at the SLINY I	Jealth Science Center
at Syracuse, Inc			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	ed Dermatology Call	Coverage	
11 11 11 11 11 11 11 11 11 11 11 11 11			
Scope of Contract (Choose one that	best fits):		10000 10000
Analysis Evaluati	on 🗌 💮 Resea	rch 🔲	Training [
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services 🔲
Health Services ⊠ Accounting ☐ Auditing ☐		ealth Services 🔲 Legal 🔲	Other Coursell - FT
Accounting Additing	raiaicgai []	regai 🗀	Other Consulting [
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1063.00	0	624	\$110,000.00
111 111 1111			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Total this page			
Grand Total			\$110,000.00
Name of person who prepared this rep	ort: Matthew Hutz		
Preparer's Signature:			_
Title: Chief Administrator		Phone #: <u>315-464</u>	8282
Date Prepared: <u>5/15/2018</u>			
Use additional pages if necessary)			Page of

Exhibit Y			se Only:	
FORM B			Reporting Code: Category Code:	
State Consultant Services				
Contra	actor's Annual Empl	oyment Report		
Report Pe	eriod: April 1, 2017 t	o March 31, 2018		
Contracting State Agency Name : SU	NY Upstate Medical I	University Agend	y Code: XXXX	
Contract Number: C-504147			3320211	
Contract Term: 10/01/2016 to 09/30/2		. 6		
Contractor Name: Upstate Universi Contractor Address: 750 E. Adam				
Description of Services Being Provide	Staff leasing of h	13210		
Description of Ost viola Boling 110 viola	Start leasing Of I	service professions	115	
Scope of Contract (Choose one that	best fits):			
Analysis Evaluati	<b>—</b> ′	ırch 🗌	Training [	
Data Processing	Computer Programm	ing 🔲 Other	IT consulting	
Engineering Architect Serv		ying 🗌 Enviro	nmental Services	
Health Services X		ealth Services		
Accounting Auditing	Paralegai [	Legal [	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
N07 Clerical Specialist II	2.2	4,618	\$ 124,668.78	
N03 Medical Office Assistant	1	1,999	\$ 48,097.03	
N06 Patient Care Specialist	4.5	9,299	\$ 261,823.13	
N12 Registered Nurse	2	4,177	\$ 184,393.99	
N05 Secretary II	6	12,184	\$ 267,385.48	
N07 Senior Patient Care Specialist		2,045	\$ 77,942.62	
Total this page	16.7	34,322	\$ 064.211.02	
Grand Total	16.7	34,322	\$ 964,311.03 \$ 964,311.03	
Name of person who prepared this repo	ort: Christine Sauve	e		
Preparer's Signature: Christing	7		_	
Title: _Sr. Administrative Coordinator		Phone #: (315) 464	-6853	
Date Prepared: 05/15/2018				
Use additional pages if necessary)			Page 1 of 1	

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: Upstate Medic	cal University
Contract Number: C-504163	Agency Business Unit:
Contract Term: 07/01/2016 to 06/30/2021	Agency Department ID: 沒多次改
Contractor Name: Psychiatry Faculty Practice, Inc.	3320211
Contractor Address: 713 Harrison Street, Syracuse,	New York 13210
Description of Services Being Provided: Psychiatric	Consultation Services

☐ 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 Number of Amount Payable Employment Category Employees Hours Worked Under the Contract						
Psychiatrist - 29.1066.00	1.00	364.00	40425				
sp.	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
0.00 0.00 \$0.00							
0.00 0.00 \$0.00							
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
N <sub>3</sub>	0.00	0.00	\$0.00				
Total this Page	1.00	364.00	\$40,425.00				
Grand Total	1.00	364	\$40,425.00				

N	ame of	person wi	по ргерагес	l this	report:	Barbara A	. Svohoda
---	--------	-----------	-------------	--------	---------	-----------	-----------

Scope of Contract (Choose one that best fits):

Title: Practice Plan Administrator

Phone #: 315-464-3119

Preparer's Signature:

Date Prepared: 05/04/2018

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: SUNY Upstate Medical Univesity

Contract Number: C504230

Agency Business Unit:

Contract Term: 01/01/2017 to 12/31/2019

Agency Department ID: XXXXXX

3320211

Contractor Name: Psychiatry Faculty Practice, Inc.

Contractor Address: 713 Harrison Street, Syracuse, NY 13210

Description of Services Being Provided: Psychiatry Consultation 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					
Accounting Auditing Par	ralegal 🗌 Leg	al Dther Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Psychiatrist - 29-066.00	1.00	208.00	\$31,200.00		
Nurse Practitioner - 29-1171.00	2.00	832.00	\$124,800.00		
	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	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
Total this Page	3.00	1,040.00	\$156,000.00		
Grand Total	3.00	1,040	\$156,000.00		

Name of person who prepared this report: Barbara A. Svoboda

Title: Practice Plan Administrator

Phone #: 315-464-3119

Preparer's Signature: backace Cl Leobole

Date Prepared: 05/04/2018

#### OSC Use Only: EXHIBIT Y Reporting Code: Category Code: FORM B State Consultant Services Contractor's Annual Employment Report Report Period: April 1,2012 to March 31,20 Department Name Upstate Medical University Department ID#: **Business Unit** State of NY Contract No: Contract Term: 2017 to APRIL Contractor Name: Contractor Address: Description of Services Being Provided Scope of Contract (Choose one that best Fits) Analysis Evaluation Research Training Data Processing Computer Programming Other IT Consulting Engineering Architect Services Surveying Environmental Services Mental Health Services Health Services X Paralogal Legal Other Consulting Accounting Auditing Employment Category Number of Number of Amount Payable Employees Hours Worked Under the Contract

Name of Person who Prepared This Report:	day Stato LINDA STEELE
Preparer's Signature: / INII A SIFEL	E Sinda State
Title MARKET MANAGER	Phone #: 315 - 726 -350/
Date Prepared: 5/9//8	
Use additional pages if necessary	Page / of /

Total This Page Grand Total

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

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

Contracting State Agency Name: Upstate Medical University					
Contract Number: C-504260 Agency Business Unit:					
Contract Term: 05/01/2017 to 04/30/2020 Agency Department ID: ♂ 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
Contractor Name: CPS Recruitment, Inc					
Contractor Address: 904 7th North Sti	reet, Liverpool N	Y 13088			
Description of Services Being Provide	ed: Temporary I	Medical Staffing			
0	4 £!4-\-				
Scope of Contract (Choose one that b  Analysis Evaluation Re	·	ining			
Data Processing Computer Pro		Other IT consulting			
☐ Engineering ☐ Architect Services		_	Services		
Health Services Mental Health	_ , ,		OCI VICES		
	ralegal	gal 🛛 Other Consul	tina		
Accounting Address Pra		<u> </u>			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
CNA	1.00	157.50	\$4,011.53		
LPN	5.00	3,461.59	\$130,818.57		
Ph/ebotomist	1.00	1,589.50	\$40,755.43		
RN	3.00	1,382.50	\$74,535.60		
Safety Companion	4.00	1,811.75	\$41,443.43		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	14.00	8,402.84	\$291,564.56		
Grand Total		. <del></del> -	•		
Name of person who prepared this report: Jennifer Silverio					
Title: IT Specialist					
Preparer's Signature:					
Date Prepared: 05/01/2018					
Date Frepared, 05/01/2016					

OSC Use Only:	
Reporting Code:	
Category Code:	

FORM B		Category Code:		
State Consultant Services				
Contractor's Annual Employment Report				
Report Period: April 1		-	1 i	
Report Feriod: April 1	t, 201 1 to March.	1,9018		
Business Unit State of NY Department Name	Upstate Medical Un	iversity Departm	ent ID#:   3320211	
Contract No: C 504261			2277	
Contract Term: 5-1-17 to 4-30-	90			
Contractor Name: Cross Country &	Staffing			
Contractor Address: 6551 Park of Boca Raton,	Commerce	Blvd		
Description of Services	1_0,			
Being Provided Hearthcare S	and a			
Scope of Contract (Choose one that best Fits)	Ü			
Analysis Evaluation	Research	Tr	aining	
Data Processing Computer Programming	Other	IT Consulting		
Engineering Architect Services	Surveying	Environmental	Services	
Health Services Mental I	Health Services [			
Accounting Auditing Paralege	nt [ Legal	Oth	er Consulting	
Employment Category	Number of	Number of Hours Worked	Amount Payable Under the Contract	
29-1071-01 Anesthesiologist Asst.	Employees 1	1.633	Onder the Contract	
- I was the strong of the stro			\$ 19.877	
			\$ 19,877	
29-2084-00 Radiologie Jechnologist	3	873	\$ 19,877 \$ 69,915	
29-2084-00 Radiologie technologist 09-1141-00 Repoterno Nurse	30	87 <u>3</u> 18,546.35	\$ 19,877 \$ 69,915 \$ 1,471,167	
09-1141-00 Repstered Nurse	30 30	873	\$ 69,915 \$ 69,915 \$ 1,471,167 \$ 57,605	
09-1141-00 Repstered Nurse	30	873	\$ 69,915 \$ 69,915 \$ 1,471,167 \$ 57,605	
09-1141-00 Repstered Nurse	30	873	\$ 19,817 \$ 69,915 \$ 1,471,167 \$ 57,605	
09-1141-00 Repstered Nurse	30	873	\$ 69,915 \$ 69,915 \$ 1,471,167 \$ 57,605	
29-1126-00 Registered Nurse 29-1126-00 Respiration Therapit	30	873	\$ 19,817 \$ 69,915 \$ 1,471,167 \$ 57,605	
09-1141-00 Repstered Nurse	30	873	\$ 69,915 \$ 1,471,167 \$ 57,605	

EXHIBIT Y		OSC Use Only:		
FORM B		Reporting Code: Category Code:		
FORM D				
State Consultant Services				
Contractor's An	nual Employment Re	port		
Repart Period: April	1, 26 2 to March :	31, <u>20 18</u>		
American Control of the Control of t				
Business Unit State of NY Department Name  Contract No: C-5042(3)	Upstate Medical Un	iversity   Departm	ent ID#:   3320211	
	//=			
Contractor Name: The Execu Search Gro	, ,		_	
Contractor Address: 675 Third Avenue	e Hew York	HG (00)		
Description of Services Temporary Cliv	ical Staff	ing Spry	ces	
Being Provided O		0		
Scope of Contract (Choose one that best Fits)				
		_		
Analysis Evaluation	Research		aining	
Data Processing Computer Programming		IT Consulting		
Engineering Architect Services	Surveying	Environmental	Services	
Health Services	Health Services [		,	
Accounting Auditing Paraleg	al 🗌 Legal	Oth	er Consulting	
Employment Category	Number of	Number of Hours Worked	Amount Payable Under the Contract	
29-1191.00 Registered Hurse	Employees	762	\$65.740.09	
3.13.73			7,03   1   1   1	
PROPERTY SERVICE SERVI				
Total This Days	· · · · · -			
Total This Page Grand Total		·····		
Name of Person who Prepared This Report: Sand a Hulev  Preparer's Signature: A Health Service: Phone #: (212) 831 - 0613  Date Prepared: 5   4   18  Use additional pages if necessary  Page   of				
Use additional pages if necessary		Pag	e <u>'</u> 01 <u> </u>	

#### EXHIBIT Y OSC Use Only: Reporting Code: FORM B Category Code: State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018 Business Unit State of NY Department Name | Upstate Medical University | Department ID#: | 3320211 C-504264 Contract No: Contract Term: May 1, 2017 te <u>April 30, 2020</u> Fastaff, LLC Contractor Name: 5700 S .Quebec Street, Suite 300 Greenwood Village, CO 80111 Contractor Address: Description of Services Placement of temporary healthcare personnel Being Provided Scope of Contract (Choose one that best Fits) Evaluation Analysis Research Training Data Processing Computer Programming Other IT Consulting Engineering Architect Services Surveying Environmental Services Health Services X Mental Health Services Accounting Auditing Other Consulting Paralegal Legal Employment Category Number of Number of Amount Pavable Employees Hours Worked Under the Contract Healthcare personnel - registered nurses 0 0 0 Total This Page 0 Grand Total Ω. Name of Person who Prepared This Report: Susan Juhola Preparer's Signature:

720-921-3840

Page 1 of 1

Phone #:

Preparer's Signature:

Date Prepared: May 1, 2018 Use additional pages if necessary

Title: Contract Manager / Corporate Paralegal

#### **EXHIBIT Y**

#### 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: Sunbelt Staffing, LLC Contract Number: C-504276 Agency Business Unit: 28110 Contract Term: 04/30/2020 Agency Department ID: 05/01/2017 3320211 Contractor Name: Sunbelt Staffing, LLC Contractor Address: 3687 Tampa Road, Ste 200, Oldsmar, FL 34677 Description of Services Being Provided Temporary Clinical Staffing 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 M Health Services ☐ Mental Health Services ☐ Other Consulting Accounting ☐ Auditing Paralegal ☐ Legal Amount Payable Number of Number of **Employment Category** Under the Contract Hours Worked Employees \$ 5,835,213.21 74,940.32 29-1141.03 79 \$ 5,835,213.21 79 74,940.32 Total This Page **Grand Total** 79 74,940,32 \$ 5,835,213.21 Name of person who prepared this report: Jena Zander Phone #: 813-792-3467 Title: Director of Administration

Date Prepared: April 13, 2018

Preparer's Signature:

OSC Use Only:	'
Reporting Code:	
Category Code:	

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

Keport rei	riod: April 1, 2017 to	) WIAFCH 31, 2018			
Contracting State Agency Name: SUN		Iniversity Agency	/ Code: X28 KIX		
Contract Number: C-504296	VI Opadio Ividada o	Anticipity Agoney	3320211		
Contract Term: 7/1/2016 to 6/30/2021					
Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center					
at Syracuse, Inc					
Contractor Address: 750 East Adams					
Description of Services Being Provide	d Cardiologist				
Scope of Contract (Choose one that					
Analysis	on [] Kesea Computer Programm	rch 🗌	Training [ ] IT consulting [ ]		
Engineering Architect Serv			nmental Services		
Health Services	Mental He	ealth Services	iiiiieiitai Seivices [		
Accounting Auditing			Other Consulting		
	, a.d	2050.	Outer Controlling []		
T1	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
29-1063.0	0	416	\$43,280.00		
,					
Total this page					
Grand Total			43280		
NT					
Name of person who prepared this rep	ort: Matthew Hutz		<del></del>		
Preparer's Signature:			_		
Title: Chief Administrator Phone #: 315-464-8282			8282		
Date Prepared: 5/15/2018			····		
Use additional pages if necessary)			Page of		

EXHIBIT Y		OSC Use Only	
Reporting Code:			
FORM B		Category Code	
State C	Consultant Services	The state of the s	with the control of t
	nnual Employment R	enort	
	• •	2	
Report Period: Apri	11, <sup>2017</sup> to March	31,	er <del>Territoritoritoritoritoritoritoritoritorit</del>
Business Unit State of NY Department Name	Upstate Medical Ur	niversity Departm	nent ID#:   3320211
Business Unit State of NY Department Name Contract No: C-504297	Opsiate iviedical Of	iiversity   Departin	rent 11)#:   5320211
Contract Term: June 1, 2017 to May 31,	2022		дом на в стоит прот в страт регистителения и терентический высока в страт в страт в страт в страт в страт в ст
Contractor Name: HealthLinx Transit.		Inc	
Contractor Address: 1404 Goodale Blvd		•	
Description of Services   Consulting service	s for the ANCC Ma	gnet recognition	on program
Being Provided			
Scope of Contract (Choose one that best Fits)			
beope of contract (Choose one that best Pas)			
Analysis Evaluation	Research	Tr	raining 🗌
Data Processing Computer Programming	g 🗌 Othe	r IT Consulting	
Engineering Architect Services	Surveying	Environmental	Services
Health Services	l Health Services		
Accounting Auditing Parale	gal 🗌 Lega	Oth	er Consulting X
Employment Category	Number of	Number of	Amount Payable
	Employees	Hours Worked	Under the Contract
13-1111.00	2	101.5	\$67,706.25
		***	
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	$13 \times 10^{-10} \times 10^{$		
	ZAL		
TY I INT. I . Th.	2		
Total This Page Grand Total	2		
VIARU IVEAL			Letter and the second s
Name of Person who Prepared This Report: Kather	ine Harris		
Preparer's Signature:  Title: Finance Administrator	yring Harik 15:.05 fr 58:16 -01'86'	.н. 61 <b>4.</b> 375.13	.70
Date Prepared: 03/31/18	Phone	#; UE11010.10	. L. P.C.
Use additional pages if necessary		Pag	e <u>1</u> of <u>1</u>
		W. P.	

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: SUNY Upstate Medical University Agency Code: XXXXV						
Contract Number: <u>C-504300</u> 3320211						
Contract Term: 7/1/2016 to 6/30/2021						
Contractor Name: Department of Med	dicine Medical Service	e Group at the SUNY H	lealth Science Center			
at Syracuse, Inc						
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210				
Description of Services Being Provide	ed Cardiologist					
Scope of Contract (Choose one that	hest fits):					
Analysis Evaluati		rch []	Training [			
Data Processing	Computer Programm		IT consulting			
Engineering Architect Serv	ices Survey		nmental Services			
Health Services	Mental He	alth Services	amentar per rices			
Accounting Auditing		·	Other Consulting			
		<b></b>	Б.			
Employment Cata-a	Number of	Number of Hours	Amount Payable			
Employment Category	Employees	Worked	Under the Contract			
29-1063.0	0	416	\$44,239.00			
,						
10.111111111111111111111111111111111111						
Total this page						
Grand Total			44,239			
Name of person who prepared this rep	ort: Matthew Hutz					
Preparer's Signature:	7					
Title: Chief Administrator						
118 11800		Phone #: <u>315-464-</u>	5252			
Date Prepared: <u>5/15/2018</u>						
Use additional pages if necessary)		•	Page   of			

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: SUNY Upstate Medical Univesity

Contract Number: C504316

Agency Business Unit:

Contract Term: 03/01/2017 to 02/28/2022

Agency Department ID: 28100X

Contractor Name: Psychiatry Faculty Practice, Inc.

3320211

Contractor Address: 713 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Medical Direction

<ul> <li>□ Data Processing</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Health Services</li> <li>☑ Mental Health</li> </ul>	esearch 🔲 Tra rogramming 🔲 ss 🔲 Surveying		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	416.00	\$54,620
'	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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
	0.00	0.00	\$0.00
a.	0.00	0.00	\$0.00
Total this Page	1.00	416.00	\$54,620.00
Grand Total	1.00	416	\$54620

Name of person who prepared this report: Barbara A. Svoboda

Title: Practice Plan Administrator

Phone #: 315-464-3119

Preparer's Signature:

Date Prepared: 05/04/2018

### Exhibit Y

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Per	iod: April 1, 2017 to	March 31, 2018	
Contracting State Agency Name: SUN Contract Number: C-504325 Contract Term: 8/22/2016 to Contractor Name: Upstate Urology In Contractor Address: 750 East Adams Description of Services Being Provide	8/21/2019 cStreet, Syracuse, NY	13210	3320211
Scope of Contract (Choose one that Analysis	on Resea Computer Programmices Survey Menta <u>l</u> He	ing	Training   IT consulting   Immental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.00	1	2,080	\$479,172.00
			\$0.00
			,
Total this page			
Grand Total			\$479,172.00
Name of person who prepared this rep	port: Matthew Hutz		
Title: Chief Administrator		Phone #: <u>315-464</u> -	8282
Date Prepared: 5/15/2018			
Use additional pages if necessary)			Page / of /

### Exhibit Y

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Per	iod: April 1, 201/ to	March 31, 2018	
Contracting State Agency Name: SUN Contract Number: C-504326 Contract Term: 7/11/2016 to Contractor Name: Upstate Urology In Contractor Address: 750 East Adams Description of Services Being Provide		13210	
	Local district		
Scope of Contract (Choose one that Analysis	on Resear Computer Programmi ices Survey Mental He	ing  Other ring  Environ ralth Services	Training   IT consulting   Immental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page Grand Total		1,664	\$381,699.00 \$0.00 \$381,699
			1 \$201,022
Name of person who prepared this rep Preparer's Signature:  Title: Chief Administrator	ort: Mattnew Hutz	Phone #: 315-464-	
Date Prepared: <u>5/15/2018</u>		* ****** // * * * ********************	<del></del>
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

SUNY UPSTATE

Contracting State Agency Name:	MINIMAN OF THE MINIMAN MANAGEMENT AND			
Contract Number: C-504364	Agency Business Unit: XXXX SNY01			
Contract Term: 03/01/2018 to (	03/1/2023 Agency Department ID: 344000			
Contractor Name: Frost-Arnett Co	ompany 3320211			
Combination Address 0405 Flor LEE D.J. Ooks 000, New Letter TN 07040				

Contractor Address: 2105 Elm Hill Rd. Suite 200; Nashville, TN 37210

Description of Services Being Provided: Self-Pay/Early Out Accounts Receivable

Management

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 ☐ Pa	ralegal 🔲 Lega	al 🔲 Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Bill & Account Collections	3.00	40.00	\$0.00		
		0.00	\$0.00		
	0.00	0.00	\$0,00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	40.00	\$ 0.00		
Grand Total	3.00	40	Elligible for percentage of collections (4.45%)		

N	lame of	f nerson who	prepared this	report: Paula Murray	CDHD	SHRM-SCP
1.1	KELLIC U	CUSTALIC VVIIC		12:11 11 11 11 11 1V 1 1 1 1 1 V	N 67 FT 15	- 3 THE (VI - 31 - 1"

Title: Director, Human Respurces

Phone #: 615-259-6251

Preparer's Signature:

Date Prepared: 05/15/2018

EXHIBIT Y		)		OSC Use Only: Reporting Code	**************************************
FORM B		/	7	Category Code:	
· William with the second of t	***************************************	. State Co	onsultant Services	rair-sairthean Milleannach ann an Aireannach ann an Aireannach ann an Aireannach ann an Aireannach ann an Aire	(ANNO 1864) - Salaharan Marian Ma
		Contractor's An	nual Employment R	eport	
	المساوال المساول المسا	Report Period: April	1, 2017 to March	31, <u>2018</u>	
Business Unit		of NY Department Name	Upstate Medical Ur	niversity Departm	ent ID#:   3320211
Contract No:		- 504391			
Contract Term:	Octo	over 1, 2017 to Septembe	r 30, 20tZ		
Contractor Nam	e:	ASSOCIATED Medica	u Professionals	of NY , PLLC	Transcontrasses and a second s
Contractor Add	ress:	Liverpool MY 13	Park Drive		
Description of S Being Provided	ervices			***************************************	Management to the state of the
Scope of Contra	ct (Ch	oose one that best Fits)			
Analysis [	]	Evaluation	Research	Tr	aining [
Data Processing		Computer Programming	Other	IT Consulting	
Engineering [		Architect Services	Surveying	Environmental	Services
Health Services	Ľ,	Mental Mental	Health Services		
Accounting [	_	Auditing Paraleg	al 🗌 Lega	l 🔲 Oth	er Consulting
I	mploy	ment Category	Number of	Number of	Amount Payable
	- 20		Employees	Hours Worked	Under the Contract
Vrology		1-1069.12	1.3	2.160	\$45,000.00
			Addition to the state of the st	MINISTRAL AND	
		Accessed to the second		nnnegannprijanjaniki ki	y <del>wgyp-pythytetiyMUhiiiMMHii</del> iddahaahaanaanaanaanaanaanaanaan
Abbah	***************************************	The state of the s		William White the Annual harbon half annual	
	***************************************				
	OPPORT AND ADDRESS OF THE PARTY				
GPAID II		A CALLED TO THE COLUMN TO THE			
Total This Page					
	Gr	and Total			
		<b>~</b> 1			
Name of Person	who Pr	epared This Report: Chris	topher R. Willi	etr 502	
Preparer's Signature: Chief Operating Officer Phone #: 3/5-55%-6605					
Date Prepared:	_A-ec	16,2018	T HOUR	14	The state of the s
Use additional p	ages if	necessary		Page	eof

AC 3271-S (Effective 4/12)

Date Prepared: 5/1/18

### 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: SUI	NY Upstate			
Contract Number: C-504395	-	Agency Business Unit		
Contract Term: 11/01/2017 to 11/30/2022 Agency Department ID: 3320211		D: 3320211		
Contractor Name: Continuum System				
Contractor Address: 2401 Burnet				
Syracuse, N' Description of Services Being Provide		ent System		
Description of octations boing in order	341 <b>1</b> 311491 111411113			
Scope of Contract (Choose one that			100	
	er Programming	Other IT consulting		
☐ Engineering ☐ Architect Se		ying <u></u> Environm	ental Services	
☐ Health Services ☐ Mental F	lealth Services			
☐ Accounting ☐ Auditing	☐ Paralegal [	☐ Legal ☐ Other	Consulting	
	Number of	Number of	Amount Payable	
Employment Category	Employees	Hours Worked	Under the Contract	
Software Developers & System	3	500	\$32,588.00	
Software	<u></u>			
	<u></u>		, , , , , , , , , , , , , , , , , , ,	
	-100,	<u></u>	<u></u>	
		<u> </u>		
	~		.,	
		F00	\$22 E88 00	
Total this page	3	500	\$32,588.00	
Grand Total	3	500	\$ 32,588.00	
Name of person who prepared this re	port: Robert Owe		/> <b></b>	
Title: President Phone #: (800) 933-0180				
Preparer's Signature:	<del>( )</del>			

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 Nar	ne: SUNY Upstate
------------------------------	------------------

Scope of Contract (Choose one that best fits):

Contract Number: C600826

Agency Business Unit:

Contract Term: 07/01/2015 to 06/30/2020

Agency Department ID: XXXX 3320211

Contractor Name: Press Ganey Associates, Inc.

Contractor Address: 404 Columbia Place, South Bend, IN 46601 Description of Services Being Provided: Patient Experience Services

☐ Analysis ☐ Evaluation ☐ Re	search 🗌 Trair	ning	
☐ Data Processing ☐ Computer Pro	ogramming 🔲	Other IT consulting	
☐ Engineering ☐ Architect Services	s 🔲 Surveying	Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Lega	al 🔯 Other Consult	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
43-4051.00 (Cust Serv Rep)	2.00	30.00	\$13,490.07
43-9021.00 (Data Entry Keyers)	100.00	30,00	\$899.34
43-9051.00 (Mail Clerk and Mail)	25.00	12.00	\$599.56
41-3099.99 (Sales Rep)	1.00	8.00	\$4,496.69
43-3021.02 (Billing, Cost Clerk)	4.00	0.00	\$14.99
19-3099.99 (Social Science and Related Worker)	4,00	3.00	\$1,498.90
*** Please note that we do not operate our business in a manner where hours and costs are specifically allocated per person on an account basis. The information provided is based upon best information available	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	00,00	0.00	\$0.00
	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	136.00	83.00	\$20,999.55
Grand Total			

Name of person who prepared this report: Dennis G
---------------------------------------------------

Title: Finance Director

Phone #:

Preparer's Signature: Wenny Theen

EXHIBIT Y			*		
FORM B			e:		
FORM B		Category Code			
State Consultant Services					
l .	anual Employment R				
Report Period: April 1, 3617 to March 31, 201 8					
Business Unit State of NY Department Name  Contract No: 5.50436 K	Upstate Medical U	niversity Departm	nent ID#: 3320211		
1//00/15	5022				
Contractor Name: Mitchell V. J.	codey m.D	- market			
Contractor Address: 4900 BIOAD R	d 30140 41	<u>۔                                    </u>			
Description of Services	- A ( )	,			
Being Provided WARCHON C	ONHOL OHY		The state of the s		
Scope of Contract (Choose one that best Fits)					
Analysis Evaluation	Research	т.	aining [		
·					
Engineering Architect Common	Surveying	Environmental	Carriage		
Engineering Architect Services   Health Services Manual	Surveying   Health Services	Environmental	Services		
Health Services Mental	Health Services		_		
	Health Services		Services		
Health Services Mental	Health Services		_		
Health Services Mental Accounting Auditing Parales	Health Services gal  Lega	□ Oth	er Consulting		
Health Services Mental Accounting Auditing Parales  Employment Category	Health Services  al Lega  Number of	Number of Hours Worked	Amount Payable Under the Contract		
Health Services Mental Accounting Auditing Parales	Health Services  al Legal  Number of Employees	Number of Hours Worked  500 ptr yR	Amount Payable Under the Contract		
Health Services Mental Accounting Auditing Parales  Employment Category	Health Services  al Legal  Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Health Services Mental Accounting Auditing Parales  Employment Category	Health Services  al Legal  Number of Employees	Number of Hours Worked  500 ptr yR	Amount Payable Under the Contract		
Health Services Mental Accounting Auditing Parales  Employment Category	Health Services  al Legal  Number of Employees	Number of Hours Worked  500 ptr yR	Amount Payable Under the Contract		
Health Services Mental Accounting Auditing Parales  Employment Category	Health Services  al Legal  Number of Employees	Number of Hours Worked  500 ptr yR	Amount Payable Under the Contract		
Health Services Mental Accounting Auditing Parales  Employment Category	Health Services  al Legal  Number of Employees	Number of Hours Worked  500 ptr yR	Amount Payable Under the Contract		
Health Services Mental Accounting Auditing Parales  Employment Category	Health Services  al Legal  Number of Employees	Number of Hours Worked  500 ptr yR	Amount Payable Under the Contract		
Health Services	Health Services    Lega   Lega     Number of     Employees     (SOLF)	Number of Hours Worked  Solar yr (Not Inc. 24 Hr Custra)	Amount Payable Under the Contract		
Health Services   Mental Accounting   Auditing   Parales    Employment Category   Control Officer   Office	Health Services  al Legal  Number of Employees	Number of Hours Worked  Solar yr (Not Inc. 24 Hr Custra)	Amount Payable Under the Contract		
Health Services Accounting Auditing Parales  Employment Category  ON FECH ON CONTROL OFFICER  Total This Page Grand Total	Health Services    Legal   Legal     Number of     Employees     / (Self)     Self (1)	Number of Hours Worked  Solder YR (NOT THE 24 Hr JUSTA)	Amount Payable Under the Contract		
Health Services Accounting Auditing Parales  Employment Category  ON FECH ON CONTROL OFFICER  Total This Page Grand Total	Health Services    Lega   Lega     Number of     Employees     (SOLF)	Number of Hours Worked  Solder YR (NOT THE 24 Hr JUSTA)	Amount Payable Under the Contract		
Health Services	Health Services    Legal   Legal     Number of     Employees     / (Self)     Self (1)	Number of Hours Worked  Solver yr (NOT THE 24 Hr CONTAGE  SO: PER YR	Amount Payable Under the Contract		

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: Su	ny Upstate Medi	cal University			
Contract Number: T-000303	,	Agency Business Un	it: 28110		
Contract Term: 04/01/2017 to 03/	31/2018	Agency Department	ID: 34432236		
Contractor Name: Upstate Orthoped	ics, LLP		3320211		
Contractor Address: 6620 Fly Road,	Ste 200 East Sy	racuse, NY 13057			
	Description of Services Being Provided: Professional medical services and realted supporting services for diagnosis and treatment for patients of the Harrison Center Clinic. Payable to UH				
Scope of Contract (Choose one that best fits):					
		ining			
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting					
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services					
⊠ Health Services ☐ Mental Health Services					
☐ Accounting ☐ Auditing ☐ Pa					
E-malay-mant Catagony	Number of	Number of	Amount Payable		

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Payable to hospital	0.00	0.00	\$0.00
29-1067.00	0.50	48.00	(\$15,168.00)
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.50	48.00	\$ 0.00
Grand Total	-0.50	48	(\$15,168.00)

Name of I	person who	prepared the	nis rec	ort: C	vnthia N	Morris
-----------	------------	--------------	---------	--------	----------	--------

Title: Accountant

Phone #: 315-464-8197

Preparer's Signature: \_

Date Prepared: 04/23/2017

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

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

C	N 18197   1				
Contracting State Agency Name; S Contract Number: T-503806	SUNY Upstate Mi	-	-9- ONIVO4		
3-1-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
1 Sample of the second of the					
Contractor Name: Pediatric Service Group, LLP					
Contractor Address: 750 East Adams St, Syracuse, NY 13210					
Description of Services Being Provided: Upstate Cancer Center Adult Cancer survivorship Program Director					
Scope of Contract (Choose one that b	est fits):				
Analysis Evaluation Re	search 🔲 Tra	ining			
☐ Data Processing ☐ Computer Pr	ogramming	Other IT consulting			
☐ Engineering ☐ Architect Services	s 🗌 Surveying	g Environmental	Services		
⊠ Health Services ☐ Mental Health	Services				
☐ Accounting ☐ Auditing ☐ Pa	ıralegal 🗌 Leg	gal	ting		
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract					
	Linbiologo	Hours Horked	Officer tile Contract		
29-1065.00	1.00	416.00	\$34,314.00		
	1.00	416.00	\$34,314.00		
	1.00	416.00 0.00	\$34,314.00 \$0.00		
	1.00 0.00 0.00	416.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00 0.00 0.00	416.00 0.00 0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$34,314.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		

Name of perso	n who prepared this report? Leo Sawyer	
Title:	Practice Administrator	Phone #: 315-464-5450
Preparer's Sign	nature:	_
Date Prepared	03/26/2018	

Date Prepared: 03/26/2018

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

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

Contracting State Agency Name: S Contract Number: T-504059 Contract Term: 07/01/2016 to 06/ Contractor Name: Pediatric Service C Contractor Address: 750 East Adams Description of Services Being Provid	30/2021 Group, LLP s St, Syracuse, N	Agency Business Un Agency Department	ID: 33 <b>2</b> 0211		
☐ Data Processing ☐ Computer Processing ☐ Architect Services ☐ Mental Health	search	_			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
29-1065.00	1.00	104.00	\$7,387.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
0.00 0.00 \$0.00					
0.00 0.00 \$0.00					
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	104.00	\$7,387.00		
Grand Total 1.00 104 \$7,387.00					
Name of person who prepared this re Title: Practice Administrate Preparer's Signature:	eport: Leo Sawyer		315-464-5450		

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

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

Contracting State Agency Name: SUNY Upstate Medical University					
Contract Number: T-504060 Agency Business Unit: SNY01					
Contract Term: 07/01/2016 to 06/30/2021 Agency Department ID: 3330211					
Contractor Name: Pediatric Service Group, LLP					
Contractor Address: 750 East Adams St, Syracuse, NY 13210					
Description of Services Being Provided: Medical Director of Pediatric Sleep Lab Services					
Scope of Contract (Choose one that b	and fital:				
<u> </u>		ining			
Data Processing Computer Pr		Other IT consulting			
☐ Engineering ☐ Architect Services	-		Services		
☐ Health Services ☐ Mental Health	_ , ,	, <u> </u>	00171000		
	ralegal 🔲 Leg	gal 🗌 Other Consul	ting		
	Number of	Number of	Amount Payable		
Employment Category	Employees	Hours Worked	Under the Contract		
29-1065.00	1.00	166.40	\$23,241.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	166.40	\$23,241.00		
Grand Total	1.00	166	\$23,241.00		

Name of p	person who	prepared this	report;/lbeo	Sawyer
-----------	------------	---------------	--------------	--------

Title

Practice Administrator

Phone #: 315-464-5450

Preparer's Signature:

Date Prepared: 03/26/2018

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

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

Contracting State Agency Name: SUNY Upstate Medical University  Contract Number: T-504173 Agency Business Unit: SNY01  Contract Term: 04/01/2016 to 03/31/2018 Agency Department ID: 3330211  Contractor Name: Pediatric Service Group, LLP  Contractor Address: 750 East Adams St, Syracuse, NY 13210  Description of Services Being Provided: Clinical Psychologist Services						
Scope of Contract (Choose one that b  Analysis Evaluation Res  Data Processing Computer Pro	search Tra	ining Other IT consulting				
☐ Engineering ☐ Architect Services ☐ Health Services ☐ Mental Health ☐ Accounting ☐ Pa	_ , ,					
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract						
19-3031.02	1.00	1,040.00	\$49,114.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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	1,040.00	\$49,114.00			
Grand Total	1.00	1,040.00	49,114.00			

Name of person who prepared this report: Leo Sawyer

Title: Practice Administrator

Date Prepared: 03/23/2018

Preparer's Signature:

Phone #: 315-464-5450

Research

AC 3272-S (Effective 4/12)

#### FORM B

☐ Analysis

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

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

Contracting State Agency Name: Suny Upstate Med	ical University
Contract Number: T-504287	Agency Business Unit: 28110
Contract Term: 04/01/2017 to 03/31/2018	Agency Department ID: 34X1322336X
Contractor Name: Upstate Orthopedics, LLP	3320211
Contractor Address: 6620 Fly Road, Ste 200 East Sy	yracuse, NY 13057
Description of Services Being Provided: Professional services for diagnosis and treatment for patients of the	

☐ Training

<ul> <li>□ Data Processing</li> <li>□ Computer Programming</li> <li>□ Other IT consulting</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Surveying</li> <li>□ Environmental Services</li> </ul>					
⊠ Health Services ☐ Mental Health	Services				
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	jal 🔲 Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
	0.00	0.00	\$0.00		
29-1067.00	0.50	48.00	` \$7,680.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	0.50	48.00	\$7,680.00		
Grand Total	-0.50	48	\$7,680.00		

Name of person who pr	epared this re	poπ: Cyni	ihia Morris
-----------------------	----------------	-----------	-------------

Scope of Contract (Choose one that best fits):

☐ Evaluation

Title: Accountant

Phone #: 315-464-8197

Preparer's Signature:

Date Prepared: 04/23/2017

FYH	IRIT	V

OSC Use Only:_	
Reporting Code:_	
Category Code:	

FORM B Reporting Code: Category Code:				
	State Co	onsultant Services		
		nual Employment R	anort	
			•	
	Report Period: April	1, 2017 to March	31, 2018	
	of NY Department Name 550049	Upstate Medical Ur	niversity Departm	nent ID#: 3320211
Contract Term:	4/23/09 to 12/31/18			
Contractor Name:	WJL Architecture & Engineering	, DPC doa EwingCole		
Contractor Address:	100 N 6th St, Philadelphia, PA	19106		
Description of Service Being Provided	Architectural and engineering	services in construction a	dministration phase.	
Scope of Contract (Ch	oose one that best Fits)			
Analysis	Evaluation	Research	Tr	raining
Data Processing Computer Programming Other IT Consulting				
Engineering	Architect Services	Surveying	Environmental	Services
Health Services [	Mental	Health Services		
Accounting	Auditing Paraleg	gal Legal	☐ Oth	er Consulting
Employ	ment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
EwingCole				
Project Manager		11	126	
Project Architect		5	786	
Interior Designer		5	293	
Structural Engineer		4	45	
HVAC Engineer		4	471	
Plumbing Engineer		2	73	<u>                                     </u>
Fire Protection Engine	eer	3	46	
Electrical Engineer		6 4	182	
Administrative  Dwyer Architectural		4	12	<u></u>
Architect		1	171	
	al This Page	31	2,205	\$235,330
	rand Total	7.	_,	7200,000
Name of Person who P Preparer's Signature:	repared This Report: Peter V	Velsh		

Title: Project Manager

Date Prepared: 5/9/18

Use additional pages if necessary Phone #: 215-625-4618

Page \_\_1\_ of \_\_1\_

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OSC Use Only:	
Reporting Code:	
Category Code:	

### State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018

Combonstinu Cénto Ano	nov Names CHNV Heatet	- Madiaal Hairranii		Agana Cada
, ,	ency Name: SUNY Upstate	e Medical University		Agency Code:
Contract Number:	T550086			2290011
Contract Term:	<b>1/7/2013</b> to	1/31/2019		
Contractor Name:	Fisher Associates, P.E.,	L.S., L.A., D.P.C.		
Contractor Address:	180 Charlotte Street, Ro	chester, NY 14607		
Description of Service	s Being Provided: Campus	s Site Improvements at	<b>Upstate Medical Unive</b>	rsity and
' '	-	nunity General Hospital	•	•
	•	iamily contact neophia.	- Campus	
L				
Scope of Contract (6	Choose one that best fits)			
Analysis □ Evaluatio	n 🗆 Research 🗆 Training			
Data Processing 🗆 0	Computer Programming 🗆	Other IT Consulting		
Engineering   Archi	tect Services 🗆 Surveying i	☐ Environmental Service	es 🗆	
Health Services □ M	ental Health Services □			
Accounting   Auditi	ng □ Paralegal □ Legal	☐ Other Consulting ☐		
[=nl	went Catagon:	Number of Employage	Number of House Worked	Amount Payable Under

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2071.00 Electrical Engineers	1	13.00	\$1,912.50
17-3012.02 Electrical Drafters	1	12.5	\$1,600.00
17-3023.03 Electrical Engineering Technicians	1	28.00	\$2,250.00
173011.01 Landscape Drafters	1	2.25	\$135.63
17-1012.00 Landscape Architects	5	311.00	\$28,663.71
17-2051.00 Civil Engineer	3	89.75	\$12,955.67
27-1024.00 Graphic Designer	1	3.75	\$161.48
17-3019.00 Drafters, All Others	1	96.25	\$6,522.03
17-3022.00 Civil Engineering Technicians	1	117.25	\$8,596.71
Total this page	15	673.75 673.75	\$62,797.73 \$62,797.73

Name of person who prepared this report:	Catherine M. DiMarco	
Preparer's Signature: Catherine M. Di Marco		
Title: Accountant	Phone #: 585-334-1310	
Date Prepared: May 4, 2018		

F	n	R	М	R
	_			_

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: Upstate Medical University Agency Code: 3320211 Contract Number: TESOIRO Contract Term: 5/05/16 - present Contractor Name:Nelson Associates Contractor Address: 1 North Park Row Clinton, NY 13323 Description of Services Being Provided: Design Services and Documents, Bidding, Constr. Admin						
Data Processing Computer Prog Engineering Architect Services Health Services Mental Health S	arch	r IT consulting ☐ Environmental Service				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Architect 17-1011.00	1	43	\$4,300			
Architectural Drafter 17-3011.01	1	5	\$ 400			
Electrical Engineer 17-2071.00	1	3.5	\$ 238			
Mechanical Engineer 17-2141.00	1	10.5	\$ 840			
Executive Secretary 43-6011.00 3 22.5 \$ 900						
Total this page	7	84.5	\$6,678			
Grand Total	7	84.5	\$6,678			
			1			
Name of person who prepared this Preparer's Signature:		Ison, PE one #:315-853-5704	11/2			

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: Upstate Medical University
Agency Code: 3320211 Contract Number: T550/30
Contract Term: 5/14/17 - present
Contractor Name: Nelson Associates
Contractor Address: 1 North Park Row Clinton, NY 13323
Description of Services Being Provided: Design Services and Documents, Bidding, Constr. Admir
Scope of Contract (Choose one that best fits):
Analysis Evaluation Research Training
Data Processing Computer Programming Other IT consulting
Engineering Architect Services K 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
Architect 17-1011.00	11	14	\$1,400
Architectural Drafter 17-3011.01	2	26	\$1,996
Electrical Engineer 17-2071.00	1	25	\$1,700
Mechanical Engineer 17-2141.00	3	52	\$3,752
Executive Secretary 43-6011.00	_ 1	1	\$ 40
	_		
Total this page	8	118	\$8,888
Grand Total	8	118	\$8,888

Name of person who prepared this report: Peter	N. Nelson, PE
Preparer's Signature:	12-1/11
Title: President & CEO	Phone #:315-853-5704
Date Prepared: 5/11/18	

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OSC Use Only:	
Reporting Code:	
Category Code:	

### State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 - March 31, 2018

Contracting State Age	ncy Name: SUNY C	PC-72-50		Agency Code:
Contract Number	The Sold of C	11 31710		3320211
Contract Number: 1	550164			3320211
Contract Term:	' to			
Contractor Name:	Environmental Design & Re Environmental Services, DF	_	Architecture, Engiπeer	ing &
Contractor Address:	274 N. Goodman Street, Su	ite B260, Rochester I	NY 14607	
Description of Service	s Being Provided:			
Scope of Contract (C	Choose one that best fits):			
Anatysis □ Evaluation	n 🗆 Research 🗆 Training 🗆			
Data Processing   C	computer Programming   Oth	ner IT Consulting 🗆		
Engineering Architec	t Services X Surveying 🗅 En	vironmental Services 2	X	
Health Services □ M	ental Health Service <b>s</b> □			
Accounting □ Auditir	ng □ Paralegal □ Legal □	Other Consulting		
Emplo	syment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract

	Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17.1012.00	Landscape Architects	8	1497.50	\$137,711.17
17,3011.01	Architectural Drafters	1	116.25	\$6,448.13
17.3022.00	Civil Engineer Techs	5	63.00	\$3,956.43
17.2051.00	Civile Engineers	3	279	\$25,968.55
27.1024.00	Graphic Designers	1	12.25	\$527.50
19.3051.00	Urban & Regior 1	1	8.50	\$446.54
	Total this page	19	1976.50	\$175,058.32
	Grand Total	19	1976.50	\$175,058.32

Name of person who prepared this re	port:	
Preparer's Signature:	130	
Title: Accounting Department	Phone #: 582-271-0040	
Date Prepared: 5/11/18		 

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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: State of NY, Upstate Medical University

Agency Code: Department ID# 3320211

Contract Number: T550175

Contract Term: 04/26/2016 to 07/01/2019

Contractor Name: C&S Architects, Engineers & Landscape Architect PLLC Contractor Address: 499 Col. Eileen Collins Blvd., Syracuse, NY 13212 Description of Services Being Provided: Architectural & Engineering Services

Scope of Contract (Choose one that best fits):  Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
11-9041 Architectural & Engineering				
Managers	2	18	2918.98	
17-1011 Architects, except				
Landscape and Naval	10	1983.75	201328.38	
17-2051 Civil Engineers	1	11.5	874.69	
17-2071 Electrical Engineers	2	495.5	44931.54	
17-2111.02 Fire-Protection &				
Protection Engineers	3	203.5	20098.64	
17-2141 Mechanical Engineers	4	195	19102.55	
17-2199 Engineers, All Other	1	30	3897.75	
17-3011 Architectural and Civil				
Drafters	2	292	16898.31	
17-3012 Electrical Drafters	1	254	15632.55	
17-3013 Mechanical Drafters	1	102.5	9917.22	
43-9199 Administrative & Support				
Workers	1	12.5	884.06	
Total this page	28	3598.25	336484.67	
Grand Total	28	3598.25	336484.67	

Name of person who prepared this report: We	endy Fragola
Preparer's Signature: Wendy Fragolo	ā
Title: Human Resources Generalist	Phone #: 315-455-2000
Date Prepared: 05/03/2018	

### New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018

	NY UMU (Upstate	Medical)		
Contract Number: T550179 Agency Business Unit: SNY01				
Contract Term: 07/01/2016 to 07/01	Agency Department II			
Contractor Name: Popli Design Grou	ī <b>p</b>	·	3320211	
Contractor Address: 555 Penbrooke	Drive,			
Penfield, NY 14526 Description of Services Being Provid	ed: Design & Constru	etion		
Description of Services Being Frovid	ec. Design & Constitu	Iddati		
Sanna of Contract /Ohi th	at boot fits.		121111	
Scope of Contract (Choose one th		7 =	11-11-11-1	
Analysis Evaluation	Research [	Training	1.00	
	ter Programming	Other IT consulting		
☑ Engineering ☐ Architect Se		ying 🔲 Environm	ental Services	
☐ Health Services ☐ Mental F	lealth Services			
☐ Accounting ☐ Auditing	☐ Paralegal [	☐ Legal ☐ Other	Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
17-2071,00	1	+		
117-4011100	1	6	338.94	
17-3023.03	1	6 6	338.94 201,90	
17-3023.03		6	201,90	

Title: Accounting Assistant

Phone #: 585-364-1601

Preparer's Signature: 🥰 Date Prepared: 12/12/2017

(Use additional pages, if necessary)

Page 1 of 1

EXHIBIT Y			OSC Use Only: Reporting Code	
FORM B			Category Code:	
- Harringengalistangspaksistiplimingspringsoniaabstantenten	, State Co	onsultant Services		
		nual Employment P	■ 1 10° 1	
<u> </u>	Report Period: April	1, AOI ( to March	31, <u>20\</u>	
Business Unit	State of NY Department Name	Upstate Medical U	niversity   Departm	ent ID#:   3320211
Contract No:	T 550179	1		
Contract Term;				
Contractor Nan	ne: 1. ME Enquineering	MC.	47 \	
Contractor Add	tress: 150 North Chestou	FSt Rochesk	-NY 1460	<i>.</i> /
Description of S Being Provided	ervices Engineering	Consul+		
Scope of Contra	act (Choose one that best Fits)			
Analysis [	Evaluation	Research	Tn	uining 🗀
Data Processing	Computer Programming	Othe	r IT Consulting	
Engineering [	Architect Services	Surveying 🔲	Environmental :	Services 🔲
Health Services	✓ Mental	Health Services		
Accounting [	Auditing Parales	al 🗀 Lega	il 🗌 Otho	r Consulting
	P1	· · · · · · · · · · · · · · · · · · ·	I Strometenson of	4
.  '	Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
13-2071	.10		3	50.00
1 - 3147	<u> </u>		1 10	<u>53540 to </u>
17-301%	·· 0'X	\ <u>\</u> .	1 7.5	1125.00
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			<b>1 1 1 1 1 1 1 1 1 1</b>	and the second s
	Total This Page Grand Total		20.50 20.50	4 38 75 00 4 38 75 00
L	CIBRE IVER	<u> </u>	1 20 30	777 15 -00
	المسحم	alo a		
		ul C Patte	XZ0XJ	
Preparer's Signa Title: <u>ACC (v.</u>		Phon	e#: _585-283	7-5CGA
Date Prepared:		rnon		
Use additional a	sees if necessary		Dame	. 1 66 1

Date Prepared:

(Use additional pages, if necessary)

		OSC Use Only:	
		Reporting Code:	
		Category Code:	
FORM B		Date Contract Approved:	
TORRE	State Consult	ant Corvines	
	Contractor's Annual		
<u></u>	Reporting Period: April 1,	, 2017 to March 31, 20	18
State Agency Name: SL	JNY Upstate Medical University	Agency Code:	<b>XXXX</b> 3320211
- ·	•	<b>5</b> ,,	
Contract No.: T 550(- Contract Term: 6/29/14 -	`6/28/K		
Contractor Name:	M.J. Engineering and Land Surv	veving, P.C.	
Contractor Address:	1533 Crescent Road, Clifton Pa		
	rovided: Engineering Services		
Scope of Contract (Choose one			
☐ Analysis	☐ Evaluation	Research	☐ Training
☐ Data Processing	☐ Computer Programming	□ Nesearch	☐ Other IT Consulting
☑ Engineering	☐ Architect Services	□ Surveying	☐ Environmental Services
☐ Health Services	☐ Mental Health Services	□ 3di veying	☐ Accounting
☐ Auditing	□ Paralegal	Legal	☐ Other Consulting
	- Fatalegal	□ regai	- Other Consulting
F	November of Francis		Amount Payable Under the
Employment Category	Number of Employees	Number of hours worked	Contract
17-2051 Civil Engineer	1	2	\$202
	1-11-1		·
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
			•
Total this page	1	2	\$202
Grand Total	1	2,	\$202
Manager 1			
Name of person who prepared	this report:	Michael D. Panichelli, P.E.	11-
Preparer's Signature:		-70S	
Title:		President	

May 15, 2018

Page 1 of 1

EXHIBIT Y		OSC Use Only:		
	Reporting Code			
FORM B		Category Code:	A STATE OF THE PROPERTY OF THE PARTY OF THE	
State Consultant Services				
Contractor's And	nual Employment Re	port		
Report Period: April 1	1, <u>2017</u> to March 3	31, <u>2018</u>		
		kohintakohintakohintakohintakohintakohintakohintakohintakohintakohintakohintakohintakohintakohintakohintakohin	насеннясьникаеннясьникаеннясьникаенняй <b>і</b> линайіннякання <del>еру у</del> нда	
Business Unit State of NY Department Name	Upstate Medical Un	iversity   Departm	ent ID#: 3320211	
Contract No: 7550179		<del>ŊŢĄŊĦŖŒĸĨŊŖĬĸŢŖſĬŖĬŖĬŖĬĬŊĬŖ</del> ĬĬŖĦĸĬĬĸĬĬĸĬĬĸĬĬĸĬĬĸĬĬĸĬĬĸĬĬĸ		
Contract Term: 6/29/16 to 6/28/1	<b>X.</b>	,	V-7-40/19-119-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Contractor Name: JMZ Architects On	nd Planners, PC	<u> </u>	A. A	
Contractor Address: 190 Glen Street		5 Gleas	falls, NY 12801	
Description of Services Being Provided  Architectural Ser	······································	**************************************	William Committee on the Committee of th	
A LOTTON TO STATE OF THE STATE	<del>XXXX</del>			
Scope of Contract (Choose one that best Fits)				
Analysis Evaluation	Research	$T_{r}$	gninie	
Data Processing Computer Programming	☐ Other	IT Consulting		
Engineering	Surveying	Environmental	Services	
Health Services	Health Services [			
Accounting Auditing Paralega	al 🗌 Legal	Otho	er Consulting	
Employment Category	Number of	Number of	Amount Payable	
	Employees	Hours Worked	Under the Contract	
17-1011.00 Architects/except landscape		338.8	<u>49072.35</u>	
V Naval)	ACALUMAN YILES MUMERUM MUMRYI MURYUN MARANA MARANA M	Salawania ma salu ana salu munisa ia maman manga ata a a a a a a a a a a a a a a a a a		
		V		
17-3011.01 Architectural Prafers	<del></del>	201.75	10923.85	
	10101-10100-1011-1011-101-101-101-101-1			
	the State of the S		a handa hadda ha hada a haa da faa a ha A Million a waxay a Million a hada a haa a ha a ha a ha a ha a ha	
,	***************************************			
Total This Do-			Y	
Total This Page Grand Total	1 JANUARY CARROLL S. JOHN AND S. JOHN STREET, STREET		59996,20	
No.	Filion			
Name of Person who Prepared This Roport: (10)	1.1.11.07.1	7 .		
Title: Director of Finance & HR	Phono	#: (518) 793	·0786	
Date Prepared: 5/5//8			1 -6 /	
Use additional pages if necessary		Page	e <u> </u>	

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

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

Contracting State Agency Name: Upstate Medical - Emergency Department Psych Renovations at Community Campus					
Contract Number: T550183 Agency Business Unit: Swyo!					
Contract Term: 02/20/2017 to 5/20	0/2019	Agency Department			
Contractor Name: HOLT Architects, I		<b>3,,</b>			
Contractor Address: 619 W State Str		4850			
Description of Services Being Provide	•		ants		
		· ·			
Scope of Contract (Choose one that b					
		ining			
☐ Data Processing ☐ Computer Pro	_	Other IT consulting	•		
☐ Engineering ☐ Architect Services	_ , -	☐ Environmental	Services		
Health Services  Mental Health		-	C = -		
Accounting Auditing Pa	ralegal Leg	al Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
17-1011.00	1.00	125.00	\$10,877.52		
11-9041.00	2.00	177.00	\$22,071.26		
13-1051.00	1.00	17.00	\$1,710.71		
17-3011.00	5.00	169.25	\$10,983.79		
47-4011.00	1.00	0.25	\$22.00		
11-1011.00	1.00	7.00	\$1,396.64		
17-2051.00	2.00	28.00	\$2,984.00		
17-3022.00	4.00	5.50	\$319.00		
19-2041.00	2.00	81.00	\$8,146,00		
43-6014.00	1.00	0.50	\$102.00		
17-3012.00	2.00	38.00	\$1,992.72		
17-2071.00	1.00	39.50	\$3,041.28		
17-2141.00	7.00	200.50	\$6,181.70		
Total this Page	30.00	888.50	\$69,828.62		
Grand Total 14.00					
Name of person who prepared this re Title: Business Manager Preparer's Signature:	eport: Allison L. S		607-273-7600		
Date Prepared: 05/14/2018					

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

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

Contracting State Agency Name: Up Renovations at Community Campus	state Medical - E	mergency Departmer	nt Psych
Contract Number: T550183		Agency Business Ur	nit: 52701
Contract Term: 02/20/2017 to 5/2	0/2019	Agency Department	'
Contractor Name: HOLT Architects, I		377	5 5203(1)
Contractor Address: 619 W State Str		14850	
Description of Services Being Provid			ants
Scope of Contract (Choose one that b	est fits):		
		ining	
☐ Data Processing ☐ Computer Pr	ogramming $\square$	Other IT consulting	
☐ Engineering ☐ Architect Services	s 🔲 Surveying	g ☐ Environmental :	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal Leg	gal Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2071.00	1.00	47.50	\$2,703.44
17-3019.00	2.00	42.00	\$1,035.00
-			
	_		
			<u> </u>
Total this Page	3.00	89.50	\$3,738.44
Grand Total	33.00	978	\$73,567.06
Name of person who prepared this re Title: Business Manager Preparer's Signature:	J	Short	607-273-7600
Date Prepared: 05/14/2018			

EXHIBIT Y				OSC Use Only:	
Reporting Code:					
FORM B				Category Code	
		State Co	nsultant Services		P. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		Contractor's An	nual Employment Re	enort	
		Report Period: April	• -	-	
		report i trou. April	1, 2017 to tratein	21, 2010_	
Business Unit	State	of NY Department Name	Upstate Medical Un	iversity Departm	ent ID#:   3320211
Contract No:		86 - Project #1076 - UH Islet P			
Contract Term:	July	21, 2017 to July 21, 2010	8		
Contractor Nam	e:	Chianis + Anderson Architects,	PLLC		
Contractor Add	ress:	84 Court Street, 7th Floor, Bing	hamton, NY 13901		
Description of So	ervices	Professional Architectural	and Engineering Serv	ices	
Being Provided					
Scope of Contrac	et (Cho	ose one that best Fits)			
Analysis	]	Evaluation [	Research	Tr	aining 🗌
Data Processing		Computer Programming	Other	IT Consulting	
Engineering Architect Services Surveying Environmental Services					
Health Services		Mental	Health Services [		
Accounting [	] 4	Auditing Paraleg	al 🗌 Legal	Oth	er Consulting
Е	mployr	ment Category	Number of	Number of	Amount Payable
11 0041 00 Archit	ootusal	and Engineering Managara	Employees	Hours Worked	Under the Contract
11-9041.00 Archie	ectural	and Engineering Managers	1	4.5	\$324.68
		**************************************			
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	777 - 4 - 1	MIL B	4		£204.60
		This Page and Total	1	4.5 4.5	\$324.68 \$324.68
	GIA	INU IVIAI		7.0	<b>4024.00</b>
		pared This Report: Mary Walk	er		Webstern
Preparer's Signat		Wayballe		N	
Title: Office Mar Date Prepared: 5		T	Phone	#: <u>607-772-1701</u>	
Use additional pa		ecessary		Page	2 1 of _1_
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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: SUNY Upstate Medical University Contract Number: T550187 Contract Term: 6/27/2016 to 6/27/17 Contractor Name: HOLT Architects, P.C. Contractor Address: 619 W State Street, Ithaca NY 14850 Description of Services Being Provided: Architectural and Engineering Hospital Relocate Clinical Pathology	Agency Code: 28110 33ネのス// g Services for University
Scope of Contract (Choose one that best fits):  Analysis	

Engineering ⊠ Architect Service Health Services ☐ Mental Healt	Programming ☐ Othe es ☑ Surveying ☐ h Services ☐	r IT consulting	es 🗌
Employment Category	Number of Employees	Number of Hours Warked	Amount Payable Under the Contract
17-3011.00	3.00	80.75	3,606.36
11-9041.00	3.00	94.75	9,476.23
17-2199.00	1.00	4.00	869.00
11-1011.00	2.00	20.25	4,004.57
17-2051.00	1.00	3.75	314.07_
17-2071.00	1.00	28.00	2,966.80
17-3027.00	2.00	60.00	6,291.57
Total this page Grand Total	13.00	291.50 291.50	\$27,528.60 \$27,528.60

Name of person who prepared this repo	ort: Allison L. Short	
Title: Business Manager	Phone #: 607-273-7600 Ext. 155	
Date Prepared: 5/14/18		

EXHIBIT Y		OSC Use Only:		
FORM B	Reporting Code Category Code:			
FORM B	Category Code.			
State Co	onsultant Services			
Contractor's An	nual Employment Re	port		
Report Period: April	1, 2017 to March 3	31, 2018		
Business Unit   State of NY   Department Name	Upstate Medical Un	iversity Dengrim	ent ID#:   3320211	
Contract No: T550188 - Project #1058 - University				
Contract Term: July 29, 2016 to July 31, 201	8			
Centractor Name: Chianis + Anderson Architects	, PLLC			
Contractor Address: 84 Court Street, 7th Floor, Bin	ghamton, NY 13901			
Description of Services   Professional Architectural	Land Engineering Servi	cos		
Being Provided				
Scope of Contract (Choose one that best Fits)				
Analysis	Research	Tr	aining	
Data Processing Computer Programming		IT Consulting		
Engineering Architect Services	Surveying [	Environmental	Services	
	Health Services		SOI VICES	
Accounting Auditing Paraleg		Oth	er Consulting	
According	gar begar		or consuming	
Employment Category	Number of	Number of	Amount Payable	
47 4044 00 A-Liberto Eventuello de la Noval	Employees	Hours Worked	Under the Contract	
17-1011.00 Architects, Except Landscape and Naval	1 2	3.75 1.25	\$865.80 \$90.19	
11-9041.00 Architectural and Engineering Managers		1.23	Ф90.19	
	9197		was resident to the second sec	
			***	
Tradal Till - Da-	3	5.00	\$955.99	
Total This Page	3	5.00	\$955.99	
Grand Total 3 5.00 \$955.99				
Name of Person who Prepared This Report: Mary Wall	cer			
Preparer's Signature: Wanderland				
Title: Office Manager	Phone	#: 607-772-1701		
Date Prepared: 5/15/18	The state of the s			
Use additional pages if necessary Page 1 of 1				

EXHIBIT Y		OSC Use Only:	
FORM B		Reporting Code: Category Code:	
TORNE		category code.	
State Co	nsultant Services		
Contractor's An	nual Employment Re	port	
Report Period: April	1, 2017 to March 3	31, <u>2018</u>	
Business Unit   State of NY   Department Name	I I lested a Medical I I		4 104-   2220211
Business Unit State of NY Department Name  Contract No: 7550203 - Project #1083 - University Hos			
Contract Term: May 2, 2017 to May 2, 2018			
Contractor Name: Chianis + Anderson Architects			
Contractor Address: 84 Court Street, 7th Floor, Bine			
Description of Services Professional Architectural Being Provided	and Engineering Servi	ces	
Scope of Contract (Choose one that best Fits)			
Analysis Evaluation	Research	Tr	aining 📋
Data Processing Computer Programming	Other	IT Consulting	
Engineering Architect Services	Surveying	Environmental	Services
Health Services	Health Services		
Accounting Auditing Paraleg	al 🗌 Legal	Oth	er Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1011.00 Architects, Except Landscape and Naval	1 Lampioyees	2.5	\$596.86
11-9041.00 Architectural and Engineering Managers	1	100.25	\$7,102.29
27-1025.00 Interior Designers	1	57.5	\$4,284.90
43-9199.00 Office & Admin Support Workers, All Other	1	8.75	\$295.88
			·
70 4 3 70 1 35		450	#40.070.00
Total This Page Grand Total	4	169 169	\$12,279.93 \$12,279.93
L Grand Total	1	103	φ12,219.93
Name of Person who Prepared This Report: Mary Walk	er		
Preparer's Signature: W/www.	······································		
Title: Office Manager	Phone :	#: <u>607-772-1701</u>	
Date Prepared: <u>5/15/18</u> Use additional pages if necessary		D.,	. 4 . nf 4
Ose additional pages it necessary		rage	<u>1</u> of <u>1</u>

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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: SUNY Upstate Medical University Agency Code: 28110				
Contract Number: T550205 Contract Term: 10/24/2016 to 10/26/18 332021/				
Contract Term: 10/24/2016 to 10/26/18 532021, Contractor Name: HOLT Architects, P.C.				
Contractor Address: 619 W State	•	4850		
Description of Services Being Prov			ices for	
Programming, space planning and				
Weiskotten Hall Additions				
Scope of Contract (Choose one tha		_		
· · —	arch Training [	_		
Data Processing Computer Pro		r IT consulting		
Engineering ⊠ Architect Services Health Services ☐ Mental Health S	, , , , , , , , , , , , , , , , , ,	Environmental Service	95 ∐	
	<b>-</b>	Other Consulting		
Accounting Additing Paral	egal 🗌 Legal 🗌	Other Consulting [		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
11-9041.00	4	277.75	33,593.10	
17-1011.00	1	140.65	12,160.61	
17-3011.00	4	389.50	35,165.80	
47-4011.00	1	26.00	3,039.64	
11-1011.00	1	31.50	6,292.88	
43-9061.00	3	41.25	3,918.75	
17-3027.00	1	1.00	101.64	
43-6011.00	1	1.00	48.18	
_				
Total this page	16	908.65	\$94,320.60	
Grand Total	16	908.65	\$94,320.60	
Name of person who prepared this report: Allison L. Short				
Preparer's Signature:				
Title: Business Manager Phone #: 607-273-7600 Ext 155				
Date Prepared: 5/ 14 /18				