# SUNY System Administration

3320241

# 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 System Adr	ministration		
Contract Number: C003109	Agency Business Unit: SNY01		
Contract Term: 10/01/2017 to 09/30/2022	Agency Department ID: 33 309비		
Contractor Name: FLUENT CONSULTING CORPO	RATION		
Contractor Address: 325 Delaware Avenue, Suite 210, Buffalo, New York 14202			
Description of Services Being Provided: Wholesale	Electricity Procurement & Consulting		

Scope of Contract (Choose one that b	est fits):		
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	i <b>n</b> ing	
☐ Data Processing ☐ Computer Pr	ogramming 🔲	Other IT consulting	
☐ Engineering ☐ Architect Service:	s 🔲 Surveying	☐ Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ıralegal 🔲 Leg	al 🛛 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1132.00 Software Architect	0.34	18.00	\$1,763.73
15-1196.06 Database Architect	0.33	17.40	\$1,704.94
15-1134.00 Web Developer	0.33	17.40	\$1,704.94
15-1131.00 Programmer Analyst	1.00	52.80	\$5,173.60
17-2199.03 Energy Engineer	2.50	132.00	\$12,934.01
13-1199.00 Business Operations Specialist	1.00	52.80	\$5,173.60
11-1021.00 Operations Manager	0.50	26.40	\$2,586.81
13-1161.00 Project Manager	1.00	52.80	\$5,173.60
43-9199.00 Office Administrator	1.00	52.80	\$5,173.60
13-2011.01 Staff Accountant	1.00	20.70	\$2,028.29
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	9.00	443.10	\$43,417.12
Grand Total	9.00	443	\$43,417.12

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

Phone #: (716) 842-1710 Ext.

200

Title: President

Preparer's Signature:

Date Prepared: 05/07/2018

Bond Schoeneck King 5/11/2018 8:43:37 AM PAGE 2/002 Fax Server

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 System Administration

Contract Number: CM00953

Agency Business Unit: SNY01

Contract Term: 12/29/2014 to 12/29/2019

Agency Department ID: 3320241

Contractor Name: Bond, Schoeneck & King, PLLC

Contractor Address: One Lincoln Center, Syracuse, NY 13202

Description of Services Being Provided: Legal

Scope of Contract (Choose one that b	est fits):		
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Trair	ning	
☐ Data Processing ☐ Computer Pr	ogramming 🔲	Other IT consulting	
☐ Engineering ☐ Architect Services	s Surveying	☐ Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗵 Lega	al Dther Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Member	2.00	10.25	\$3,643.75
Associate	2.00	72.75	\$17,150.00
Of Counsel	1.00	4.75	\$2,280.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	5.00	87.75	\$23,073.75
Grand Total			\$23,073,75

N	lame	of i	nerson	who	prepared	this	report:	Shannon	Mactore

Title: Billing Technician

Phone #: 315-218-8339

Preparer's Signature:

Date Prepared: 05/10/2018

# **FORM B**

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

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

			<del></del>
Contracting State Agency Name: SU Contract Number: CM0 3661 Contract Term: 03/18/2016 to 03/2 Contractor Name: OutSolve, LLC Contractor Address: 3330 W. Esplan Description of Services Being Provide  Scope of Contract (Choose one that b Analysis Evaluation Res Data Processing Computer Pro Engineering Architect Services Health Services Mental Health	ade Ave. S, Ste ed: Affirmative A est fits): search Trapgramming Surveying	Agency Business Ur Agency Department 301, Metairie, LA 700 Action Plans ining Other IT consulting	10:3320 241
	ralegal Leg	al 🛛 Other Consul	tina l
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
13-1071.00	1.00	83.00	\$34,450.00
	0.00	0.00	\$0.00
	0.00	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	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	83.00	\$34,450.00
Grand Total			
Name of person who prepared this re Title: Chief Administrative Officer Preparer's Signature:	eport: Baldwin Re		504-486-2410

(Use additional pages, if necessary)

Date Prepared: 05/15/2018

# 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: SUNY System Administration						
Contract Number: CM-03213		Agency Business Ur	nit: SNY01			
Contract Term: 01/01/2017 to 06/3	30/2018	Agency Department	ID 3320241			
Contractor Name: Heslin Rothenberg Farley & Mesiti P.C.						
Contractor Address: 5 Columbia Circle, Albany, NY 12203						
Description of Services Being Provided: Advising on trademark registration, licensing and related matters						
Scope of Contract (Choose one that b	act fitc):					
_ `	search 🔲 Tra	inina				
☐ Data Processing ☐ Computer Pro	<del></del>	Other IT consulting				
☐ Engineering ☐ Architect Services		·	Services			
☐ Health Services ☐ Mental Health		, <u>—</u>				
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🖾 Leg	gal 🔲 Other Consul	ting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Employment outegoly	Zimpioyooo	110010 11011100	011401 4110 001741401			
23-1011.00 lawvers	1 00 1	13.20	\$5,920.00			
23-1011.00 lawyers disbursements paid on client's behalf	1.00	13.20 0.00	\$5,920.00 \$1,180.95			
23-1011.00 lawyers disbursements paid on client's behalf	0.00	0.00	\$1,180.95			
<del></del>	0.00	0.00 0.00	\$1,180.95 \$0.00			
<del></del>	0.00 0.00 0.00	0.00 0.00 0.00	\$1,180.95 \$0.00 \$0.00			
<del></del>	0.00 0.00 0.00 0.00	0.00 0.00	\$1,180.95 \$0.00 \$0.00 \$0.00			
<del></del>	0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$1,180.95 \$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	\$1,180.95 \$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	\$1,180.95 \$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	\$1,180.95 \$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	\$1,180.95 \$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	\$1,180.95 \$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 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$1,180.95 \$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 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$1,180.95 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			

Name of person who prepared this report: Linda M. Seibert

Title: Business Manager
Preparer's Signature:

Phone #: 518-452-5600

Date Prepared: 05/15/2018