Department of Corrections and Community Supervision 32502226

Contracting State Agency Name: Dep		tions and Communi	ty Supervision
Contract Number: [Contract #]	039GG	Agency Business U	
Contract Term: XX/XX/XXXX to XX/		3 Agency Departmen	t ID: 3250226
Contractor Name: [Vendor Name] N	NYVHC	5	νΛ./ 151/124.ma
Contractor Name: [Vendor Name] / Contractor Address: [Address] [City]	[State] [Zip Code]	10 BOX 682 1	Majone, 2412953
Description of Services Being Provide	a: [Descubacu]		
Hospitality to u		7	
Scope of Contract (Choose one tha	t best fits):		
☐ Analysis ☐ Evaluation	Research	☐ Training	
☐ Data Processing ☐ Compute	er Programming	Other IT consult	ting
☐ Engineering ☐ Architect Ser	vices Surv	reying	nmental Services
☐ Health Services ☐ Mental He	ealth Services		
Accounting Auditing	Paralegal	Legal Ot	her Consulting
	Number of	Number of	Amount Payable
Employment Category	Employees	34	Under the Contract
		Hours Worked	
Administrator Site Manager	1.	1200	\$20,516.00
Site Manager	Vacant		
0.1	, , , , , , , , , , , , , , , , , , , ,		
		·	
Total this page	+ s		\$[FY Amount] 20,516, &
Grand Total			\$ [FY Amount] 20,5/6.00
Name of person who prepared this rep	oort: [Name]	Villiam 8h	· /
Title: Title Administ	rator	Phone #: 2.5	(XXX) XXX-XXXX
Preparer's Signature:	affer Se	200 315	-524-6013
Date Prepared: XX/XX/XX นไวนไว))		

Contracting State Agency Name: Der	partment of Correc	tions and Commun	ity Supervision
Contract Number: [Contract #]	00416G	Agency Business U	Jnit: DOC01
Contract Term: XXXXXXXXX to XXX	XXIXXXX 7/18-6/2	3 Agency Department	nt ID: 3250226
Contractor Name: [Vendor Name] \(\cdot \)	WYVHC		M 1 X/11473
Contractor Name: [vendor Name] /C Contractor Address: [Address] [City] Description of Services Bains Branish	, [State] [Zip Code]	PO BOX 685 1	latone, 17 12133
I pescribrion of Services Being Provide	ed: [Description]		
Hospitality +	o visitors.	•	
Scope of Contract (Choose one tha	t best fits):		
☐ Analysis ☐ Evaluation	Research	☐ Training	
☐ Data Processing ☐ Compute	er Programming	Other IT consul	ting
☐ Engineering ☐ Architect Ser	vices Surv		onmental Services
☐ Health Services ☐ Mental H	ealth Services		
Accounting Auditing	Paralegal	☐ Legal ☐ Ot	her Consulting
_	Number of	Number of	Amount Payable
Employment Category	Employees		Under the Contract
		Hours Worked	Onder the Contract
Administrator	1	1200	\$20.516.00
Administrator Site Manager		1200 500	\$ 6,720,00
	·		
	1		
Total this page			Vices, and an outliness, and a single
<u> </u>			\$[FY Amount] 27 236.50
Grand Total			27, 236, ∞ \$[FY Amount]
Name of person who propored this rep		L 111	27, 236,00
Name of person who prepared this rep	ort: [Name] W	illiam Shel	eidan
Title: Title Administra	itoe	Phone	· (XXX) XXX-XXXX
1011112	1110	P # 315-	324-6092
Preparer's Signature:	alley Ste	al	
Date Prepared: XX/XX/XX 141 au 1 a	•	•	

Contracting State Agency Name: Dep	artment of Correc	tions and Communi	tv Supervision
Contract Number: [Contract #] (00	2043/26	Agency Business L	
Contract Term: XX/XX/XXXX to XX/	XXXXXXX7/18-6/2	3 Agency Departmen	nt ID: 3250226
Contractor Namo: Nondor Namal 1	111 0,712		
Contractor Address: [Address] [City]	Statel Zip Codel	PO BOX 685 M	Malone, 124 12953
Description of Services Being Provide	d: [Description]		•
Hospitality to	UISITOYS		
Scope of Contract (Choose one tha	t best fits):		
Analysis Evaluation	Research	☐ Training	
☐ Data Processing ☐ Compute	er Programming	Other IT consult	ting
☐ Engineering ☐ Architect Ser	vices Surv		nmental Services
☐ Health Services ☐ Mental He	ealth Services		
Accounting Auditing	Paralegal	Legal Ot	her Consulting
_	Number of	Number of	Amount Payable
Employment Category	Employees	11	Under the Contract
		Hours Worked	
Administrator Site Manager	1	1200	\$20.516.00
Site Manager	2	হ 5	\$ 20,516.00 \$ 1,275.00
			7,70
Total this page			Chevasaa
			\$[FY,Amount] 21 791,06
Grand Total			\$ [EY Amount] 21, 791.
Name of person who prepared this rep	ort: [Name] /	Villiam Sha	ridea
- Indiana and a second			J1 1 2 41 1
Title: Title Aaministra	utor on	Phone #	(XXX) XXX-XXXX
Preparer's Signature:	and Sand	". 315-	324-6093
	/		
Date Prepared: XX/XX/XX 4/24/2	}		

Contracting State Agency Name: Dep	artment of Correct	tions and Communi	ty Supervision		
Contract Number: [Contract #]	04466	Agency Business U	Init: DOC01		
Contract Term: XX/XX/XXXX to XX/2		3 Agency Departmen	t ID: 3250226		
Contractor Name: [Vendor Name] N	NYVHC				
Contractor Address: [Address] [City]	, [State] [Zip Code]	10 BOX 685 N	Jalone, 12953		
Description of Services Being Provide	d: [Description]				
Scope of Contract (Choose one tha	t best fits):				
Analysis Evaluation	Research	☐ Training			
	er Programming	Other IT consult	ina		
☐ Engineering ☐ Architect Ser			nmental Services		
	ealth Services	cynig	Annertal Oct vices		
Accounting Auditing	Paralegal	☐ Legal ☐ Ot	her Consulting		
	Number of	Number of	T		
Employment Category	Employees		Amount Payable Under the Contract		
	Limployees	Hours Worked	Onder the Contract		
Administrator	1	1200	\$ 20.516.00		
Site Manager	1	225	\$ 30,516.00 \$ 3,375.00		
· ·					
			<u>.</u>		
			;:		
Total this page			\$[FY Amount] 23 891.50		
Grand Total			\$ [FY Amount] 23 871.60		
Name of person who prepared this report: [Name] William 5 herzidan					
Title: Title Administr	ator	Phone	(XXX) XXX-XXXX		
	0.11 0	*315-	324-6093		
Preparer's Signature:	may 50	Eich			
Data Propagad: XXIXXIXX U/ 14/	13		:		

Page 4 | 4

Contracting State Agency Name: Der	partment of Correct	tions and Communi	ty Supervision
Contract Number: Contract # Co	04566	Agency Business L	Jnit: DOC01
Contract Term: XX/XX/XXXX to XX/ Contractor Name: [Vendor Name] \(\mathcal{N} \)	XXXXXXX 7/18-6/3	Agency Departmen	it ID: 3250226
Contractor Name: [Vendor Name] [\mathcal{N}]	VYVHC."		•
Contractor Address: [Address] [City]	, [State] [Zip.Code]	PO BOX 685 M	Palont NY12953
Description of Services Being Provide	ed: [Description]		4 1
Hospitality to	visitors.		
Scope of Contract (Choose one tha			
Analysis Evaluation	Research	Training	
☐ Data Processing ☐ Compute	er Programming	Other IT consult	ting
☐ Engineering ☐ Architect Ser	vices Sur	eying	nmental Services
☐ Health Services ☐ Mental H	ealth Services		
Accounting Auditing	☐ Paralegal	Legal Ot	her Consulting
Franks and 10 t	Number of	Number of	Amount Payable
Employment Category	Employees	11.	Under the Contract
		Hours Worked	
Administrator Site Manager	1	1200	\$ 20,516,00
Site Manager		230	# 20,516.00 # 3,505.20
		300	3,003.20
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·			
Total this page			
	•		\$[FY Amount] 24,02/. 2
Grand Total		- 1	\$ [FY Amount] 24, 821, 26
Name of person who prepared this rep	ort: [Name] /	Villiam She	
Title: Title! Administr		DI	•
Title: Title! Administr		n #: 215_	(XXX) XXX-XXXX [']
Preparer's Signature:	Sulle Sa	The state of the s	307-6075
Date Prepared: XX/XX/XX U/ עור	, 		
- Daic CicOaleO ASAFAAAAA 4/ / ////	<i>,</i> e		

9/		· · · · · · · · · · · · · · · · · · ·	······································
Contracting State Agency Name: Dep	partment of Correct	tions and Communi	ty Supervision
Contract Number: [Contract #] COO	6466C	Agency Business L	
Contract Term: XX/XX/XXXX to XX/	XXXXXXX7/10-4/2	Agency Donortmon	HID: 2250226
Contractor Name: Director An	170.111		
Contractor Address: [Address] [City]	Palai Zara	Dx Bx 1285 M	Tolone Dy 1500
Description of Services Being Provide	q Massananaai	TO TOOK O STA	1,2955
Itospitality to			
Scope of Contract (Choose one tha	t best fits):		
☐ Analysis ☐ Evaluation	Research	Training	
	er Programming	Other IT consult	ing
☐ Engineering ☐ Architect Ser	vices Surv	eying	nmental Services
☐ Health Services ☐ Mental He	ealth Services		
☐ Accounting ☐ Auditing	☐ Paralegal	Legal Ot	her Consulting
Franks (O.)	Number of	Number of	Amount Payable
Employment Category	Employees	I I a some NAV.	Under the Contract
	. ,	Hours Worked	onder the contract
Administrator Site Manager	1.	1200	5 m 611
(1)		100	9 900,00
Dite Il langua		60	9 900,00
			,
,			
Total this page	·		OLEVA ST
			\$[FY Amount] 2] 416.
Grand Total			\$ [FY Amount]
Name of person who proposed this re-			2 416,00
Name of person who prepared this repo	ort: [Name] /	Villiam 8h	Zzidan
Title: Title: Title: Title:	, tor	Phone	285.50 dezdeksen og anlærkenns p
Title: Title Aministra		-/ #: 2.1	XXX) XXX-XXXX
Preparer's Signature	Weller)	2.7. 313	1-524-6075
Preparer's Signature:	- J	one	
Date Prepared: XXXXXXXX L. / a / a.			

Contracting State Assess Nove D			
Contracting State Agency Name: Dep	partment of Correc		
Contract Number: [Contract #]		Agency Business U	
Contract Term: XX/XX/XXXX to XX/	XXXXXXX 118-92	3 Agency Departmen	t ID: 3250226
Contractor Name: [Vendor Name] Name	NYUM		1 / . 5//
Contractor Address: [Address] [City	, [State] [Zip Code]	PO BOX 683 MI	alone, 14/2953
Description of Services Being Provide	ed: [Description]		, .
Itospitality to			
Scope of Contract (Choose one tha	it best fits):		
☐ Analysis ☐ Evaluation	Research	☐ Training	
☐ Data Processing ☐ Comput	er Programming	Other IT consult	ing
☐ Engineering ☐ Architect Ser	vices Surv		nmental Services
☐ Health Services ☐ Mental H	ealth Services		
Accounting Auditing	☐ Paralegal	Legal Oti	her Consulting
Number of Number of			
Employment Category	Employees		Amount Payable Under the Contract
		Hours Worked	Officer the Contract
Administrator Site Manager	1	1200	\$ 20.576,00
Site Manager	1	405	* 20,576, &
0,101,14421		100	6,013.0
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			,
Total this page			\$[FY Amount] 26,597.00
Grand Total		····	\$ [EY Amount]
N	Server percentage visus of		26.591.00
Name of person who prepared this rep	oort: [Name] ${\cal U}$	Jilliam She	ridan
Title: Title Administr	-ator	Phone #: 3(5-)	XXX) XXX-XXXX 3.24-6092
Preparer's Signature:	My Sa	The	Jo. 1 0 - 13
Date Prepared: XX/XX/XX 1/1) .			

Contracting State Agency Name: Dep	artment of Correc	tions and Communi	4	
Contract Number: [Contract #]	Ale A-C			
Contract Term: XXIXXIXXXX to XXI	107866 118888 112 /-/-	Agency Business U	JNIT: DOCUT	
Contractor Name: [Vendor Name] [M	118-9/2	Agency Departmen	IT ID: 3250226	
Contractor Address: [Address] [City]	OIVAC .	DARLU/OS W	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Contractor Address: [Address City]	, (State) [Zip Code]	LODOX COOL	lawie, my la 10)	
Description of Services Being Provide	d: [Description]			
Scope of Contract (Choose one tha	6 VISITOIS,			
Scope of Contract (Choose one tha	t dest fits):			
Analysis Evaluation	Research	☐ Training		
☐ Data Processing ☐ Compute	er Programming	Other IT consult	ting	
☐ Engineering ☐ Architect Ser	vices Surv		nmental Services	
☐ Health Services ☐ Mental H	ealth Services			
Accounting Auditing	Paralegal	Legal Ot	her Consulting	
Number of Number of Amount Double				
Employment Category	Employees		Under the Contract	
		Hours Worked	onder the contract	
Administrator Site Manager	Į:	1200	\$20,516,00	
Site Manager		500	\$ 7,500.00	
			7,000	
	*	¥ .		
7-6-10-				
Total this page			\$ FY Amounts 28, 0/600	
Grand Total	5	·	\$ [FY Amount] 28 6/6.40	
Name of person who prepared this rep	ort: [Name] /	Villiam She		
Title: Title Administr	ator /	Phone	(XXX) XXX-XXXX	
11.1	Max An	#	5-324-6093	
Preparer's Signature:	W/(Xale	_		
Data Danasadi WWWWW Lilla (a)				

<u> </u>			
Contracting State Agency Name: Dep	artment of Correc	tions and Communi	ty Supervision
Contract Number: Contract # Coc	04966	Agency Business U	nit: DOC01
Contract Term: XXXXXXXXX to XXXX	XXXXX 7/18-6/23	Agency Departmen	t ID: 3250226
Contractor Name: [Vendor Name] Name]	NYIHE	D A 1	7.1 171.2202
Contractor Address: [Address] [City]	, [State] Zip Code]	10 BOX 685 N	1210nc, My 12953
Description of Services Being Provide	d: [Description]		
Hospitality to	VISITORS.		
Scope of Contract (Choose one tha	t best fits):		
Analysis Evaluation	Research	☐ Training	
☐ Data Processing ☐ Compute	er Programming	Other IT consult	ing
Engineering Architect Ser		eying 🔲 Enviro	nmental Services
☐ Health Services ☐ Mental Health	ealth Services	N	
☐ Accounting ☐ Auditing	☐ Paralegal	Legal Ot	her Consulting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
		Hours worked	
Administrator Site Manager	1	1200	526,516.00 7,442.29
Site Managet	1	523	7442.29
	·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Tablahi			Careta anto Carrageo Soponas, propertos
Total this page			\$[EY Amount] 27, 958, 29
Grand Total			\$ (EY Amount) 27, 958, 29
Name of person who prepared this rep	oort: [Name] [/	Illiam She	·
1.0	<i>/ / / / / / / / / /</i>		RI-41
Title: Title Haminist	rator _	Phone #: 2 //	(XXX) XXXX-XXXX
,	1/1/1/1/1/	D. # 315-	324-6093
Preparer's Signature:	Milley D	and	
Date Prepared: XXIXXIXX 4/14/17	a		

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

Report Period: April 1, 2022 to March 31, 2023

				7			
	Contracting State Agency Name: Dep	t. of Corrections &	Community Supervision				
	Contract Number: C000261 Agency Business Unit:						
	Contract Term: 10 / 01 / 2020 to 09 /	30/2023	Agency Department	ID: Agency Code: 1016			
ant							
ant	Contractor Address: 58 Exchange Street	, Binghamton, NY I	3901				
	Description of Services Being Provided: Environmental Consulting Services						
r	0	4.514					
	Scope of Contract (Choose one that b Analysis Evaluation Re		ining				
	☐ Data Processing ☐ Computer Pro		-				
	☐ Engineering ☐ Architect Services		Other IT consulting Environmental:	Continue			
	☐ Health Services ☐ Mental Health	_ , ,	_ Environmental	Services			
		ralegal Leg	gal	tina			
H				ting			
		Number of					
	Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
-	Employment Category Overtime Rate/Hr.	Employees 2	Number of Hours Worked	Amount Payable Under the Contract \$150.00			
		Employees	Hours Worked	Under the Contract			
	Overtime Rate/Hr. PLM Testing per Sample	Employees 2	Hours Worked 2	Under the Contract \$150.00			
	Overtime Rate/Hr.	Employees 2 N/A	Hours Worked 2 N/A	\$150.00 \$0.00			
	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
-	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
-	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
-	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			
	Overtime Rate/Hr. PLM Testing per Sample NOB Sample Testing - Steps I and 2	Employees 2 N/A N/A	Hours Worked 2 N/A N/A	\$150.00 \$0.00 \$225.00			

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Department of Corrections and Community Supervision							
Contract Number: C000821		Agency Business Ur	nit: DOC01				
Contract Term: 7/1/2022 to 6/30/2023 Agency Department ID: 3250226							
Contractor Name: DePaolo Crosby Reporting Services, Inc.							
Contractor Address: 135 Delaware Ave, Suite 301, Buffalo, NY 14202							
Description of Services Being Provid	ed: Court Repo	rting					
Soons of Contract (Observe and Abrille							
Scope of Contract (Choose one that be Analysis Evaluation Re	**	im im m					
☐ Data Processing ☐ Computer Pr	Second 1	ining Other IT consulting					
☐ Engineering ☐ Architect Services	- -	_	Cantiaga				
☐ Health Services ☐ Mental Health		J CHVIIOIIIIeillai	Sel vices				
	ralegal 🛭 Leç	gal	ting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract				
Court Reporter	5.00	5,000.00	\$100,000.00				
·	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
·	0.00	0.00	\$0,00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
Total this Page	5.00	5,000.00	\$100,000.00				
Grand Total							
Name of person who prepared this re Title: President Preparer's Signature:	eport: Rebecca Di		716-853-5544				

(Use additional pages, if necessary) Page 1 of 1

Contenation State	Aganay Nama: Dan	adment of Correc	tions and Commun	ity Supervision
Contract Number	(Contract #) (COO	416 416	Agency Business	Unit: DOC01
	X/XX/XXXX to XX/X		Agency Departme	
			ngono) Doparii	
Contractor Name:	•	(Circle) (Zin Codo)		
	ss: [Address] [City].			
Description of Sei	rvices Being Provider	a. [Description]		
Scope of Contra	ct (Choose one that	t best fits):		
Analysis	☐ Evaluation	Research	☐ Training	
☐ Data Processi	na Compute	er Programming	Other IT consu	
☐ Engineering	☐ Architect Ser		veying Envir	onmental Services
Health Service		ealth Services		
Accounting	Auditing	Paralegal	∐ Legal □ C	ther Consulting
		Number of	Number of	Amount Payable
Employme	ent Category	Employees	Hours Worked	Under the Contract
court a	Reporters	one	3120	3,401,775.00
		UNC -		

2				
Total	this page			\$[FY Amount]
Grand Total		one	3120	\$ [FY Amount]
			Jav	
Name of person	who prepared this rep	port: [Name]		/
Title: [Title	e] OWKK		#.	(315)735-7429 (XXX) XXX-XXXX
Preparer's Signal	ture White	Mun A. Ku 12023	LRUM)	
i tehater a digital	7	1-022	1	
Date Prepared: X	$\langle x/xx/xx \rangle = 4/19$	12025	ŧ	

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name:			
Contract Number: C 000 945		Agency Business U	nit:
Contract Term: 7/1/ 22 to 6/30/23 Agency Department ID:			
Contractor Name: Gretchen A Kupit	ed Wa Durr Cou	rt Reporting	
Contractor Address: 41 SVIIIVSI	de Drive Uti	10861 M 13801	ا این مودوریش است این نقش
Contractor Name: Grethen A Kulle Contractor Address: 41 Sunnysic Description of Services Being Provid	ed: Hoaving	heporter and Irai	escription scrules
	•	i	
Scope of Contract (Choose one that b	and files.		
In	esearch Tra	ining	
☐ Data Processing ☐ Computer Pr		Other IT consulting	
☐ Engineering ☐ Architect Service:			Sanácas
☐ Health Services ☐ Mental Health	, ,		Series Astronomy
	aralegal 🛭 🗷 Le	gal	ltina
Employment Category	Number of	Number of	Amount Payable
	Employees	Hours Worked	Under the Contract
Court Reporters	0.00	0.00	\$0.00
l l	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$0.00
Grand Total	0.00	0.00	\$ 0.00
Grand Total		****	
Name of parent who menoused this are	Smart.		
Name of person who prepared this re	sport:	Phone #	(315) 735-742
Title: OWNER Was the though	1 7/L. M. D.	FRIUNG #.	- J
Preparer's Signature: Withuu	A Kupile		
Date Prepared: / /	ł		
(Use additional pages, if necessary)			Page of
(was additional payes, it hecessary)			

(Use additional pages, if necessary)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contract Number: 32502260 000 8	<i>()</i> 30/2023 #901, New Yorl	·	nit: DOC01
Scope of Contract (Choose one that b	·		
		ning	
Data Processing Computer Pro		Other IT consulting	Camilian
☐ Engineering ☐ Architect Services ☐ Health Services ☐ Mental Health		☐ Environmental	Services
	Services ralegal	al 🛛 Other Consul	tina
	-		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Admin Employees	4.00	6,049.00	\$150,116.00
First/Mid Level Manager	2.00	2,185.00	\$90,406.00
Senior Level Manager	1.00	120.00	\$11,232.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	.\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	8,354.00	\$251,754.00
Grand Total			
Name of person who prepared this retitle: HR Manager Preparer's Signature: Jail Supp Hage Date Prepared: 04/19/2023		Hagag Phone #:	-
wase repared of the val			

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: Department of Corrections and Community Supervision

Contract Number: C110002 Agency Business Unit: DOH01

Contract Term: 03/15/2021 to 03/14/2025 Agency Department ID: 3450000

Contractor Name: DentServ Dental Services P.C.

Contractor Address: 15 Canal Rd, Pelham Manor, NY 10803

Description of Services Being Provided: Dental Services at Elmira Correctional Facility

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		
	Services				
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	al 🔲 Other Consul	ting		
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract					
29-1021.00	1.00	1,752.81	394,382.25		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
Total this Page	1.00	1,752.81	\$394,382.25		
Grand Total	1.00	1,752	\$394,382.25		

Name of person who prepared this report: Jeremy Pasternak

Title: VP of Operations

Preparer's Signature:

Date Prepared: 4/24/23

Phone #: 914-738-1144

Contractor's Annual Employment Report

Report Period: <u>April 1, 2022</u> to <u>March 31, 2023</u>				
Contracting State Agency Name: D	epartment of Cor	rections and Comm	unity Supervision	
Contract Number: [C161210]		Agency Business	Unit: DOC01	
Contract Term: 7/1/2018 to 6/30/20	23	Agency Departme	nt ID: 3250226	
Contractor Name: [Interfaith Hospi	tality Center]			
_		Box 364] [Pine City]	, [NY] [14871]	
Description of Services Being Prov]		
Scope of Contract (Choose one that	it best fits):			
☐ Analysis ☐ Evaluation	Research	☐ Training		
	ter Programming	Other IT con		
☐ Engineering ☐ Architect S		rveying 🗌 Env	ironmental Services	
	I Health Services		· · · · · · · · · · · · · · · · · · ·	
☐ Accounting ☐ Auditing	☐ Paralegal		ther Consulting	
Empleyment Octoren	Number of	Number of	Amount Payable	
Employment Category	Employees	Hours Worked	Under the Contract	
Site Coordinator April/May 2022	1	112	84 at \$15. = \$1260.	
June (medical leave) July2022	1	48	48 at \$15. = \$720.	
August/September 2022	1	128	128 at \$15. = \$1920.	
October/November 2022	1	152	114 at \$15. = \$1710.	
December 2022	1	72	54 at \$15. = \$810.	
January/ February 2023	1	136	102 at \$15. = \$1530.	
March 2023	1	64	48 at \$15. =\$720.	
Total this page	1	712	534 hours = \$8010.	
Grand Total		712	534 hours = \$8010.	
Name of person who prepared this report: [Mary S. Skinner]				
Title: [Board Consultant on Grants] Phone #: (607)742-0248				
Preparer's Signature: Mary S. Skinner Mary S. Skinner				
Date Prepared: 05/15/2023				

Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023				
Contracting State Agency Name: D	epartment of Corr	ections and Commu	ınity Supervision	
Contract Number: C161348 Agency Business Unit: DOC01				
Contract Term: 2/26/2016 to 2/25/2	Contract Term: 2/26/2016 to 2/25/2023 Agency Department ID: 3250226			
Contractor Name: Kepro Acquisitio	ns Inc./ Keystone	Peer Review Organ	ization, Inc. (Kepro)	
Contractor Address: 777 Eas	t Park Drive, Harri	isburg, PA 17111		
Description of Services Being Prov	ided: Statewide U	tilization Manageme	ent, CPT/DRG	
auditing, Claims Verification				
Scope of Contract (Choose one tha	t best fits):			
☐ Analysis ☐ Evaluation	Research	☐ Training		
	ter Programming	Other IT cons		
Engineering Architect Se		rveying	ronmental Services	
	lealth Services			
Accounting Auditing	☐ Paralegal		ther Consulting	
Employment Category	Number of	Number of	Amount Payable	
Employment Oategory	Employees	Hours Worked	Under the Contract	
Registered Nurses	8	9,309.25		
Family & General Practitioners	1	1,016	·	
Customer Service	2	2 628 5		
Representatives 2 3,628.5				
Medical & Health Services	2	3,695.25		
Managers	. .	3,093.23		
Bookkeeping, Accounting, &		770.0		
Auditing Clerks		776.6		
			and a second control of the control	
			and the state of t	
Total this page	14	18,425.6	\$1,270,731.90	
Total tills page		10,420.0	ψ 1,& ε 0, ε 0 1.00	
Grand Total	14	18,425.6	\$1,270,731.90	
Name of person who prepared this report: Megan Jackson				
Title: Operations Manager Phone #: (717) 216-0576				
Preparer's Signature:	regan f	pullen		
Date Prepared: April 25, 2023				

Contractor's Annual Employment Report

	Period: <u>April 1, 20:</u>	22 to <u>March 31, 202</u>	<u>23</u>
Contracting State Agency Name: Contract Number: [Contract #]	Department of C	Orrections and Con	amunihe Sur-
Contract Number: [Contract #]	161433	Agency Rusins	se Unity DOCA
Contract Term: MOI/61/2018. Contractor Name: Odmiral C	-06/30/2023	Agency Busine	ss Unit: DUC01
Contractor Name: Admiral C	ouxles sou	Tychoy Depart	ment ID: 3250226
Contractor Address. 580 8 H	Averett	in it was	0.0 10111000
Contract Term: 201/61/2019 Contractor Name: Admiral Contractor Address: 580 g H Description of Services Being Pro	ovided: Aless	1000, New Y	ove, wy 10018
30070-050	Island	J'JET SER	vices tookike
Scope of Contract (Choose one th	nat best fits):		
Analysis Evaluation	Research		
☐ Data Processing ☐ Comp	uter Programming	☐ Training	
Engineering Architect S			
☐ Health Services ☐ Mental	Health Services		nvironmental Services
Accounting Auditing	☐ Paralegal	☐ Legal	Other Consulting
Employment Cata	Number of	Number of	
Employment Category	Employees		Amount Payable
lessenger/Courier/		Hours Worked	Under the Contract
Driver	1	1,220	F/1 00/
		11000	1 24,096
		 	
:			
Total this page			
	1	1,820	\$ 54,096
and Total	1		
me of person who prepared this		1820	\$ 54,096
ort:	Leonard S	PUSINAL	
ł.			
Director Gov	t. Coulia	ela Phone 9	17-887-058
9		#:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
parer's Signature:	and Susma	240 —	
Prepared: 5/14/23	VIVE	Y C	
Prepared: 5/14/23	5		
· ·	••	•	

Page 1 of 1

New York State Consultant Services			
Contrac	tor's Annual Empl	oyment Report	
Report Per	riod: <u>April 1, 2022</u>	to <u>March 31, 2023</u>	
Contracting State Agency Name: D	epartment of Cor	rections and Commu	inity Supervision
Contract Number: [C161482]		Agency Business I	Jnit: DOC01
Contract Term: 04/01/2022 to 03/3	11/2023	Agency Departmen	nt ID: 3250226
Contractor Name: [SWANK MOTIO	N PICTURES, INC	.]	
Contractor Address: [10795	WATSON RD] [ST.	LOUIS], [MO] [6312	7]
Description of Services Being Prov	ided: PROVIDE C	USTOMERS PUBLIC	PERFORMANCE
LICENSES TO SHOW MOVIE/TV CO	NTENT IN A NON	-THREATRICAL PU	BLIC SETTING
Scope of Contract (Choose one tha	it best fits):		
☐ Analysis ☐ Evaluation	Research	☐ Training	
	ter Programming	Other IT con	
☐ Engineering ☐ Architect S		rveying	ronmental Services
	lealth Services		
Accounting Auditing	Paralegal		ther Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
			\$129,684.23
**At Swank Motion Pictures (SMP)	we provide only a	license to the DOCC	S which allows
incarcerated individuals the ability			
actively work on the contract or pr	•		-
employees and hours blank. In add			
categories fit very well so I selecte	d "Legal" since a	public performance	requires a license.
•			
Total this page			\$129,684.23
Grand Total	, , , , , , , , , , , , , , , , , , ,		\$129,684.23
Name of person who prepared this report: [MICHAEL WUNDERLICH]			
Title: [CONTROLLER] Phone (314) 984-6122			
Preparer's Signature:			
Preparer's Signature:	The he		and the state of t

Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023				
Contracting State Agency Name: D		rections and Commi	unity Supervision	
Contract Number: PA - 1615	32	Agency Business	Jnit: DOC01	
Contract Term: 2/3/20 - 2/2	125	Agency Departme	nt ID: 3250226	
Contractor Name: DIRECT MI	HCHINERY A	COUISITTON,	LLC	
Contractor Address: 50 comm	ERCE PLACE	=, HICKSVILLE	, NY 11801	
Description of Services Being Provi COMMERCIAL LAVI	ided: YDRY EQU	IPMENT-S	TATEWIDE	
Scope of Contract (Choose one tha	t best fits):			
☐ Analysis ☐ Evaluation	Research	☐ Training		
	ter Programming	Other IT cons		
Engineering Architect Se		rveying 🔲 Envi	ronmental Services	
	lealth Services			
_ Accounting _ Auditing	☐ Paralegal	/	ther Consulting	
Employment Category	Number of	Number of	Amount Payable	
· · · · · · · · · · · · · · · · · · ·	Employees	Hours Worked	Under the Contract	
SERVICE TECHS	10	NIA	NIA	
	,			
Total this page			enter en	
Grand Total		•		
Name of person who prepared this				
report: JERRY FOSTER Phone 576-938-4300				
Title: DIRECTOR #:				
Preparer's Signature:				
Date Prepared: $4/19/23$				

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Contract Number: Contract Term: Contractor Name: NCS Pearson, Inc. Contractor Address: 5601 Green Vall Description of Services Being Provide materials	ey Drive, Bloom		ID:
Scope of Contract (Choose one that b	·		
	search 🛛 Tra	_	
Data Processing Computer Pro	-	Other IT consulting	_
Engineering Architect Services		☐ Environmental	Services
☐ Health Services ☐ Mental Health ☐ Accounting ☐ Auditing ☐ Pa			···
Accounting Auditing Pa	ralegal	al Other Consul	ung
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
N/A - see comment below	0.00	0.00	\$0.00
This contract is for the purchase of commercially available, off the shelf certification products. No individual services are being provided.	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			
			<u> </u>

Name of person who prepared this report: Craig Bushman	
Title: Certiport General Manager	Phone #: 801-847-3100
Preparer's Signature:	
Date Prepared: 04/20/2023	

JDM

AC 3271-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: Do Community Supervision	epartment of Corre	ctions and	
Contract Number: PB090AB		Agency Business Uni	t: DOC01
Contract Term: 7/1/2019 to 4/15	/2023	Agency Department I	D: 3250226
Contractor Name: GCOM Software L	LC		
	d Rd, Suite 101		
Columbia M Description of Services Being Provide		ces - Information and	Technology Solutions
And Services			,
Scope of Contract (Choose one th	at best fits):		
☐ Analysis ☐ Evaluation	Research [Training	
☐ Data Processing ☐ Compu	ter Programming	Other IT consulting]
☐ Engineering ☐ Architect Se	ervices Surve	eying 🗌 Environm	nental Services
☐ Health Services ☐ Mental H	Health Services		
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting			
Employment Category	Number of Number of Hours Amount Employees to Worked Under the		
15-1131.00	9	5158	\$546,694.93
Total this page	9	5158	\$546,694.93
Grand Total	9	5158	\$546,694.93
Name of person who prepared this re	•		
Title: Vice President, Strategic Client Executive Phone #: 518-420-8447			
Preparer's Signature:	•		
Date Prepared: 4/25/2023		Page 1	
(Use additional pages, if necessary)		of 1	