## Manhattan Psychiatric Center 3650420

## FORM B

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

Report Period: April 1, 202/5 to March 31, 202/3

|  | 1   |   |  |
|--|---|---|--|
| Contracting State Agency Name: NYS Office of Mental Health - Manhatt   |   |   |  |
| Contract Number: @ 200 468   |   | Agency Rusiness I   | unit: OmHol  |
| Contract Term: 04 10/12019 to 03   | B112024   | Agency Departmen  |  |
| Contractor Name: Admiral Sta   | ffing, me   | · goney Departmen   | nt ID: 3650420/  |
| Contractor Address: (7) XTLA   | 10/5Hu Ho   | De Now York, NY10   | 6183650411   |
| Description of Services Being Provided: Jewish (Chaplaincy) Services   |   |   |  |
| Contractor Name: Admiral Staffing, I'me.  Contractor Address: 580 8th Ave 15th Hoor, Now York, Wisol8 3 6 50 411  Description of Services Being Provided: Jewish (Chaplaincy) Services  (By Rabbi) |   |   |  |
| (New Orl)  |   |   |  |
| 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  |   |   |  |
| Accounting Auditing Pa   | aralegal  | gal   | lting  |
| Employment Category  | Number of   | Number of   | Amount Payable   |
| Clergy Rabbi Chadain   | Employees   | Hours Worked  | Under the Contract   |
| Cro. II Kappi Chafrain   | 1 0.00  | 1/2,86 0.00   | 6,771,600.00   |
|  | 0.00  | 0.00  | \$0.00   |
|  | 0.00  | 0.00  | 00.00  |
|  |   |   | \$0.00   |
| ;  | 0.00  | 0.00  | \$0.00   |
|  | 0.00  | 0.00<br>0.00  |  |
|  | 0.00  |   | \$0.00   |
|  | 0.00<br>0.00<br>0.00  | 0.00<br>0.00<br>0.00  | \$0.00<br>\$0.00   |
|  | 0.00<br>0.00<br>0.00<br>0.00                                | 0.00<br>0.00<br>0.00<br>0.00                                | \$0.00<br>\$0.00<br>\$0.00   |
|  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00                        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00                        | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
|  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                | 0.00<br>0.00<br>0.00<br>0.00                                | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00                               |
|  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00                | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00                     |
|  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00        | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00                     |
| Total this Page  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0 | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0 | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00           |
| Total this Page  Grand Total   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00        | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00 |

Name of person who prepared this report: Legnard Susman

Title: Di Rector, Gent, Contracts

Phone #: 917-887-0582

Preparer's Signature: Donaed Susman

Date Prepared: 51/42023

(Use additional pages, if necessary)