Central New York Developmental Disabilities Service Office 3660234

□ Data Processing

FORM B

New York State Consultant Services Contractor's Annual Employment Report

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

Troport Fortod, April 1, 20	522 to March 51, 2025
Contracting State Agency Name: NYS OPWDD Contract Number: C0SCN00243 Contract Term: 11/1/2019 to 10/31/2024 Contractor Name: Costello SrAllen Optometrists Contractor Address: 131 Main St., Suite 202, One Description of Services Being Provided: Optometrists	Agency Business Unit: 51240 Agency Department ID: 3660234 S PLLC eida, NY 13421
Scope of Contract (Choose one that best fits): Analysis Evaluation Research	Training

☐ Other IT consulting

☐ Computer Programming

☐ Engineering ☐ Architect Servi		☐ Environmental	Services
	alth Services		
☐ Accounting ☐ Auditing ☐	Paralegal Lega	al Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Eye Clinic / Eye Doctor	1.00	44.00	\$7,200.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	44.00	\$7,200.00
Grand Total	1.00	44	7200.00

N	lame	of	person	who	prepared	this	report:	Dr.	Matthew	C	Allen
						1 1	200				

Title: Optometrist

Phone #: 315-363-4942

Preparer's Signature:

Date Prepared: 05/15/2023