Sunmount Developmental Disabilities Service Office 3660240

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: NYS OPWDD Sunmount DDSOO Contract Number: C0SSU00096 Agency Business Unit: 51420 Contract Term: 5/1/2018 to 4/30/2023 Agency Department ID: 3660240 Contractor Name: National Eye Care, Inc. Contractor Address: 2264 Saranac Ave, Lake Placid, NY 12946 Description of Services Being Provided: Optometry					
☐ Engineering ☐ Architect Serv	Research Train				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
	۵	64.0	9101.93		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	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 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
	0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
	0.00 0.00 0.00 0.00 0.00 0.00	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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		

Page of

(Use additional pages, if necessary)

Date Prepared: 05/22/23

FORM B

New York State Consultant Services Contractor's Annual Employment Report

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

report i chod. April 1, 2022 to March 51, 2020					
Contracting State Agency Name: NYS OPWDD Sunmount DDSOO Contract Number: C0SSU00112 Agency Business Unit: 51420 Contract Term: 10/1/2018 to 9/30/2023 Agency Department ID: 3660240 Contractor Name: Amalgamated Medical Care Management Contractor Address: 333 Westchester Ave. White Plains, NY 10604 Description of Services Being Provided: Telephone Nursing Triage					
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		
Employees	27.00	46,280	\$19,959.07		
Contractors	10.00	7,800	\$1,275.40		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	37.00	54,080	\$21,234.47		
Grand Total					
Name of person who prepared this retrible: Director, Finance Preparer's Signature: Date Prepared: 05/10/2023			603-328-6612		

(Use additional pages, if necessary)

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: NY Contract Number: S0SSU00330 Contract Term: 9/1/2020 to 8/31/2 Contractor Name: Andrew Walkow Contractor Address: 31 Cherry Tree Description of Services Being Provided	2025 Lane. Saranac L	Agency Business U Agency Department ake, NY 12983	
☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health	search		a .
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Physical therapy	1.00	701.50	\$59627.50
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
ti.	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
90	0.00	0.00	\$0.00
-	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	701.50	\$ 0.00
Grand Total	1.00	701	\$59,627.50
Name of person who prepared this re Title: Physical Therapist Preparer's Signature: Date Prepared: 04/14/23	port: Andrew Wal		518-524-8749