# SUNY - Upstate Medical University 3320211

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUI Contract Number: C 503721 Contract Term: 08/01/2015 to 07/3 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison Stropescription of Services Belling Provide	1/2020 Practice, Inc. eet, Syracuse, N	Agency Busiless Offi Agency Department I Y 13210	D: 28110
Scope of Contract (Choose one that be Analysis	search LITrai ogramming C Surveying		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29.1066.00	1.00	208.00	\$25,321.40
Psychiatrist - 29, 1066.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0,00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
-	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Tabal this Bogs	1.00	208.00	\$25,321.40
Total this Page Grand Total	1,00		\$25,321.40
Name of person who prepared this Title: Practice Manager Preparer's Signature:  Date Prepared: 05/13/2021	report: Alice Mira	anda Phone #	±: 315-464-3119
•			Page 1 of

(Use additional pages, if necessary)

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University						
Contract Number: C-503817 Agency Business Unit: 28110						
Contract Term: 05/01/2017 to / / Agency Department ID: 3320211						
Contractor Name: Sapphire Recruitment Inc DBA CPS Recruitment						
Contractor Address: 904 7th North Str	reet Liverpool, N	Y 13088				
Description of Services Being Provide	ed: Temporary S	Staffing				
Scope of Contract (Choose one that b	-					
<u> </u>	<del></del>	ining				
Data Processing Computer Pro	•	Other IT consulting				
☐ Engineering ☐ Architect Services	_ , ,	☐ Environmental	Services			
Health Services Mental Health		<b></b>				
Accounting Auditing Pa	ralegal	al 🛛 Other Consul	ting			
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract						
Hospital Patient Service Clerk	7.00	6,369.50	\$101,246.35			
Secretary 1	3.00	3,243.00	\$53,282.59			
Stores Clerk 1	1.00	401.00	\$6,491.87			
Supply Assistant	1.00	925.75	\$14,728.12			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
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	12.00	10,939.25	\$175,748.93			
Grand Total	12.00	10,939	\$174,748.93			

Name of person who prepared this report: Jennifer Silverio

Title: Sr Accounting & System Specialist

Phone #: 315-883-5481

Preparer's Signature: Date Prepared: 05/12/2021

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

☐ Data Processing ☐ Computer Pro☐ Engineering ☐ Architect Services	1/2021 Practice, Inc. eet, Syracuse, Ned: Psychiatric Fest fits): earch Trai ogramming D	Agency Business United Agency Department In 13210 Iospitalists Services Ining Other IT consulting	D. 28110
<b>— •</b>	ralegal 🔲 Leg	al 🔲 Other Consult	ing
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	8.00	7,280.00	\$1,003,735.00
T. Cyonia and T.	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
- Linear	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	8.00	7,280.00	\$1,003,735.00
Grand Total	8.00	7,280	\$1,003,735.00
Name of person who prepared this r Title: Practice Plan Administrator Preparer's Signature:	eport: Alice Mira	nda Phone #	: 315-464-3119

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: St Contract Number: C 504097 Contract Term: 6/1/2016 to 5/31/2 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison St Description of Services Being Provid	21 / Practice, Inc. reet, Syracuse, N	Agency Business Un Agency Department Y 13210	
<ul> <li>□ Data Processing</li> <li>□ Computer Pr</li> <li>□ Engineering</li> <li>□ Architect Service</li> <li>□ Health Services</li> <li>☑ Mental Health</li> </ul>	esearch	Other IT consulting  Environmental 5	
	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Employment Category Psychiatrist - 29-1066.00	7.00	1,456.00	\$188,787.00
FSychiati 15( - 23-1000.00	0.00	0.00	\$0.00
	0.00	0,00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.0
	0.00	0.00	\$0.0
	0.00	0.00	
	0.00	0.00 0.00	\$0.0
			\$0.00 \$0.00 \$0.0
	0.00	0.00	\$0.0 \$0.0 \$0.0
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.0 \$0.0 \$0.0 \$0.0
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.0 \$0.0 \$0.0 \$0.0
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.0 \$0.0 \$0.0 \$0.0 \$0.0
Total this Page	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.0 \$0.0 \$0.0 \$0.0

Title: Practice Manager
Preparer's Signature:

Date Prepared: 05/13/2021

(Use additional pages, if necessary)

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Sur Contract Number: C-504102 Contract Term: 01/01/2017 to 12/ Contractor Name: Upstate Orthopedi	31/2021	cal University Agency Business Ur Agency Department		
Contractor Address: 6620 Fly Road, Description of Services Being Provid	•	•	ommunity Hospital	
☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health	search			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
	0.00	0.00	\$0.00	
29-1242.00 Trauma Coverage	1.00	8,760.00	\$365,000.00	
· · · · · · · · · · · · · · · · · · ·	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	
Total this Page	1.00 8,760.00 \$365,000.00			
Grand Total	1.00	8,760.00	\$365,000.00	
Name of person who prepared this re	<u> </u>	rris Phone #:	315-464-8197	

(Use additional pages, if necessary)

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State	Agency Name	Sunv Upstate	Medical University
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Contract Number: C-504102

Agency Business Unit: 28110

Contract Term: 01/01/2017 to 12/31/2021

Agency Department ID: 34132236

Contractor Name: Upstate Orthopedics, LLP

Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057

Description of Services Being Provided: Orthopedic Trauma On Call, Spinal Trauma On Call

and Pedicatri Orthopedic Trauma On Call Coverage for University Hospital

Scope of Contract (Choose one that b	est fits):			
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	ining		
☐ Data Processing ☐ Computer Pro	ogramming [	Other IT consulting		
☐ Engineering ☐ Architect Services	Surveying	Environmental	Services	
	Services		<i>i</i> •	
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal 🔲 Other Consul		
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contra				
	0.00	0.00	\$0.00	
29-1242.00 Trauma Coverage	1.00	8,760.00	\$438,000.00	
29-1242.00 Spine Coverage	1.00	8,760.00	\$100,000.00	
29-1243.00 - Pediatric Coverage	1.00	8,760.00	\$182,500.00	
·	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	3.00	26,280.00	\$720,500.00	
Grand Total	3.00	26,280.00	\$720,500.00	

Name of person who prepared this report: Cynthia Morris

Title: Accountant

Phone #: 315-464-8197

Preparer's Signature:

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Su						
Contracting State Agency Name: Sul Contract Number: C-504103	ny Opstate Medi	•	-it- 20440			
Agency Dusiness Chin. 20116						
Contract Term: 07/01/2016 to 06/30/2021 Agency Department ID: 34132236 Contractor Name: Upstate Orthopedics, LLP						
•	•	NIV 40057				
Contractor Address: 6620 Fly Road, Description of Services Being Provide	-		n familia i lunitata			
Hospital's Orthopedic Surgery Service	es Program	dei Physican Services	s for the opstate			
		<u>, , , , , , , , , , , , , , , , , , , </u>				
Scope of Contract (Choose one that b	est fits):					
	search 🔲 Tra	ining				
☐ Data Processing ☐ Computer Pro	ogramming [	Other IT consulting				
☐ Engineering ☐ Architect Services	_ , .	☐ Environmental	Services			
☐ Health Services ☐ Mental Health	Services		•			
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	jal 🔲 Other Consul	ting			
_	Number of	Number of	Amount Payable			
Employment Category	Employees	Hours Worked	Under the Contract			
Physician Manager	0.00	0.00	\$0.00			
11-9111.00/29-1242.00	0.20	416.00	\$64,569.00			
·	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	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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	0.20	416.00	\$64,569.00			
Grand Total	0.20	416	\$64,569.00			
Name of person who prepared this re	nort: Camthia Ma					

Title: Accountant

Preparer's Signature:

Phone #: 315-464-8197

#### Exhibit Y

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

# State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

			<u> </u>
Contracting State Agency Name :SU	NY Unstate Medical I	Iniversity Access	
Contract Number: C-504105	riz o polate irigatear i	<u>Zuiversity</u> Agency	y Code: 28110
Contract Term: 12/05/2016 to	09/30/2021		
Contractor Name: First Choice Staffi	no		
Contractor Address: 7525 Morgan Ro	ond, Liverpool, NV 13	1090	
Description of Services Being Provide	ed Payroll Service for	r SUNY Standardized I	Potient Programs and
ATLS Program	, , , , , , , , , , , , , , , , ,	i borr bandardizço i	atient Frogram and
		<del></del> -	<u> </u>
	<u> </u>		
Scope of Contract (Choose one that	`		
Analysis Evaluati			Training [
Data Processing	Computer Programm		IT consulting [
Engineering Architect Serv		ying 🔛 Environ	omental Services
Health Services		ealth Services 🔲	_
Accounting Auditing	Paralegal 🔲	Legal 🔲	Other Consulting 🔀
	<del></del>		
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Education, Adminstrators, All others			
Education, training, & Library	<u> </u>	2	\$1, <u>240</u> .00
workers, All others			
WORKERS, All Others	84	5,635	\$114,058,30
	· <u> </u>		
<u></u>			
		<u> </u>	
		<u></u>	
<u> </u>	<u> </u>		<u> </u>
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Translat !			
Total this page		<u> </u>	
Grand Total	85_	5,637	\$115,298.30
Name of person who are and at t		·	
Name of person who prepared this repo	Karen Nabinger	<del></del>	<u> </u>
Preparer's Signature:	<b>₽</b> X `		
Title: Supervisor		Phone #: <u>315-453-</u> 5	- 5533
Date Prepared: 04/22/2021		2 110110 111 <u>0 10 00- 0</u>	

Use additional pages if necessary)

EXHIBIT Y	• :	OSC Use Onl	
Popula		Reporting Co.	y:ie:
FORM B		Category Cod	6;
State C	onsultant Services		
Contractor's A	nnual Employment R	leport	
Report Period: Apri			
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Business Unit State of NY Department Name Contract No: 2-504/05	Upstate Medical U	niversity   Departs	ment ID#; 3320211
	2021		
	(Perg		
Contractor Address: 525 Mongan	20		
Liverpool, WP 130	90		
Being Provided  Description of Services  Roing Provided  Description of Services  AND PLUS How		alized hatie	ent Program
Scope of Contract (Choose one that hest Fits)			
Analysis Evaluation	Research	Т	raining 🔲
Data Processing Computer Programming	Othe	r IT Consulting	
Engineering Architect Services	Surveying 🔲	Bnvironmenta	l Services 📋
	Health Services		
Accounting Auditing Parale	gal 🗌 Lega	I 🖺 Ot	her Consulting
Employment Category	Number of		
	Employees	Number of Hours Worked_	Amount Payable Under the Contract
Edwarton, Harris Straton, HII Others.	5.	9	\$3, 431,80
Mile acre training, + library workers, All other	109	15 680.5	3 332, 161-90
	(9)	n/a	1245250
		<u> </u>	
Total This Page	<del> </del>		
Grand Total	134	15.689.5	\$ 338.049.20
	,	an and the state of the state o	1134511.00
Name of Person who Prepared This Report:	1/1		
CARLIED IN PERSON WAS PERSONAL TIME PRODUCE. IN NOVA 1	Maharar		
Preparer's Signature: In 11	Nabinger		
Preparer's Signature; And Comparer's Signatu	Nabinger Phone	#: 315-453-	5533

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University					
Contract Number: C-504260 Agency Business Unit: 28110					
Contract Term: 05/01/2017 to / / Agency Department ID: 3320211					
Contractor Name: Sapphire Recruitment Inc DBA CPS Recruitment					
Contractor Address: 904 7 <sup>th</sup> North Street Liverpool, NY 13088					
Description of Services Being Provided: Temporary Medical Staffing					
Scope of Contract (Choose one that b	-	: :			
		ining			
Data Processing Computer Pr	-	Other IT consulting	0		
Engineering Architect Services		Environmental	Services		
Health Services  Mental Health					
Accounting Auditing Pa	ıralegal 🗌 Leç	gal 🛛 Other Consul	ting		
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract					
CNA		1,602.75	\$40,822.11		
CNA	5.00	1,602.75	\$40,822.11		
CNA LPN	5.00 1.00	1,602.75 176.50	\$40,822.11 \$6,618.76		
CNA LPN	5.00 1.00 1.00	1,602.75 176.50 1,480.75	\$40,822.11 \$6,618.76 \$44,450.00		
CNA LPN	5.00 1.00 1.00 0.00	1,602.75 176.50 1,480.75 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00 \$0.00 \$0.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00 0.00 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00 0.00 0.00 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
CNA LPN	5.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00	1,602.75 176.50 1,480.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$40,822.11 \$6,618.76 \$44,450.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		

Name of person who prepared this report: Jennifer Silverio

Title: Sr Accounting & System Specialist

Phone #: 315-883-5481

Preparer's Signature: \( \square{1} \)

5139422686

Contracting State Agency Name: SUNY Upstate Medical University

to

Name of person who prepared this report: Krista Bramlage
Preparer's Signature: Krista Bramlage
Title Director of Stratteric Solutions

Title: Director of Stratgeic Solutions

Use additional pages if necessary)

Date Prepared: <u>05/10/2021</u>

Contractor Address: 6551 Park of Commerce Blvd. Boca Raton, FL 33487

#### Exhibit Y

FORM B

Contract Number: C-504261

Contractor Name: Cross Country Healthcare\_

Contract Term: <u>5/1/2017</u>

OSC Use Only:	
Reporting Code:	
Category Code:	

Agency Code: 28110

### **State Consultant Services** Contractor's Annual Employment Report Report Period: April 1, 20 to March 31, 21

4/30/20 with two year extension

Description of Services Being Provided	TemporaryClinical	Staffing Services	
Scope of Contract (Choose one that l	pest fits):		Training
	Computer Programmi	ng Other	IT consulting nmental Services
Engineering Architect Servi Health Services Accounting Auditing	Mental He Paralegal	alth Services	Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Registered Nurse	<u>18</u>	37,008 5,120	\$2,726,956 \$313,344,00
OK Teen			
		42128	\$3,040,300.00
Total this page Grand Total	23	42128	\$3,040,300.00

Phone #: 513-805-1222

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUI Contract Number: C504316 Contract Term: 03/01/2017 to 02/2 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison Structure Description of Services Being Provide	8/2022 Practice, Inc. eet, Syracuse, N ed: Medical Dire	Agency Business Uni Agency Department I  Y 13210	
Scope of Contract (Choose one that be Analysis	search	Other IT consulting  Environmental 5	
	Numper of	Number of Hours Worked	Amount Payable Under the Contract
Employment Category	3.00	416.00	\$54,620.00
Psychiatrist - 29-1066.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0,00
	0.00	0,00	\$0.00
	0.00	0.00	\$0.00
	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	3.00	416.00	\$54,620.00
Grand Total	3.00	416	\$54,620.00
Name of person who prepared this ratile: Practice Manager Preparer's Signature:  Date Prepared: 05/13/2021	report: Alice Mira	nda Phone #	: 315-464-3119

(Use additional pages, if necessary)

#### Exhibit Y

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

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

	Jniversity Agency le TN 37210	Code: <u>28110</u>
iny_ se Suite 200, Nashvil	le TN 37210	
Computer Programm ces Survey Mental He	ing Other :  ving Environ ealth Services	Training  IT consulting  Immental Services  Other Consulting
Number of	Number of Hours	Amount Payable
		Under the Contract \$90,000.00
4	8,200	\$90,000
	thy	7804 Page 1 of 1
	pest fits):  In Resea Computer Programm ces Survey Mental He Paralegal Mumber of Employees 4   Authorit: Turner Norswoi	Dest fits):    Research   Other     Computer Programming   Environ   Mental Health Services     Paralegal   Legal   Other   Number of Number of Hours   Employees   Worked     4   40/week

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY	Upstate Med	ical University	
		Annau Businasa Us	i <del>t</del> -
Contract Number: C 504393.	Agency Business Unit:		
Contract Term: 10/1/2017 to 9/30/2020 Agency Department ID: 28110 Contractor Name: Psychiatry Faculty Practice, inc.			
Contractor Address: 719 Harrison Street,	Syracuse, N	Y 13210	
Description of Services Being Provided:	Adult and Ch	ild Psychiatric Servic	es
All of the second secon	::4-A.		
Scope of Contract (Choose one that best to Analysis Evaluation Research		nina .	
☐ Analysis ☐ Evaluation ☐ Resear ☐ Data Processing ☐ Computer Progra		Other IT consulting	
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental S	Services
Health Services Mental Health Ser		, <del></del>	
☐ Accounting ☐ Auditing ☐ Paralet	_	al 🔲 Other Consult	ing
	lumber of	Number of	Amount Payable
Employment Category E	mployees	Hours Worked	Under the Contract
Employment dategory = =	,57-7,		
Psychiatrist - 29-1066.00	1.00	520.00	\$81,387.50
A CONTRACTOR OF THE CONTRACTOR		0.00	\$0.00
Psychiatrist - 29-1066.00	1.00	0.00 0.00	\$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Psychiatrist - 29-1066.00	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Preparer's Signature:

Date Prepared: 05/13/2021

(Use additional pages, if necessary)

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

Contracting State Agency Name: SUI	NY Upstate Medic	al University	and the state of t
Contract Number: C 504401		gency Business Un	
Contract Term: 12/1/2017 to 11/30		gency Department I	D: 28110
Contractor Name: Psychiatry Faculty I	Practice, Inc.	. 40040	
Contractor Address: 719 Harrison Stre	eet, Syracuse, NY	13210	A Commence of the Commence of
Description of Services Being Provide	d: Weekend Rou	inding 4B	Magazina
Scope of Contract (Choose one that be	est fits):		
	earch 🔲 Traini	ing	
☐ Data Processing ☐ Computer Pro		Other IT consulting	
☐ Engineering ☐ Architect Services		Environmental 5	Services
☐ Health Services ☑ Mental Health			
, Carantana, Canditina Car	<b>—</b> .	Other Consult	
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
ALLEY OF THE PARTY	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	10.00	1,200.00	\$132,775.00
Grand Total	10.00	1,200	\$132,775.00
Name of person who prepared this re Title: Practice Manager Preparer's Signature:	eport: Alice Miran	da Phone #	: 315-464-3119
Date Prepared: 05/13/2021	**************************************		
(Use additional pages, if necessary)			Page 1 of

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SU Contract Number: C/X 504402 Contract Term: 06/01/2018 to 05/3 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison Str	31/2021 Practice, Inc. eet, Syracuse, N	Agency Business Un Agency Department  Y 13210	
Description of Services Being Provide	ed: Inpatient Chi	ld Consultation	
☐ Data Processing ☐ Computer Pro ☐ Engineering ☐ Architect Services ☐ Health Services ☒ Mental Health	search 🗍 Trai ogramming 🗍 s 📋 Surveying	Other IT consulting  Environmental 9	
Accounting Auditing Pa		Number of	Amount Payable
Employment Category	Number of Employees	Hours Worked	Under the Contract
Clinical Psychologist 19-3031.02	1.00	2,080.00	\$169,500.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0,00
200	0.00	0.00	\$0,00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Grand Total	1.00	2,080	M.M., eg. 6
Name of person who prepared this r Title: Practice Manager Preparer's Signature:  Date Prepared: 05/13/2021	report: Alice Mira	nda Phone #	: 315-464-3119

(Use additional pages, if necessary)

Page 1 of 1

(Use additional pages, if necessary)

#### FORM B

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

Contracting State Agency Name: SU	NY Upstate Med			
Contract Number: C 504428		Agency Business Unit:		
Contract Term: 07/01/2017 to 06/30/2022 Agency Department I			ID: 28110	
Contractor Name: Psychiatry Faculty Practice, Inc.				
Contractor Address: 719 Harrison Str	eet, Syracuse, N	NY 13210		
Description of Services Being Provide	ed: Medical Dire	ection		
			45	
Scope of Contract (Choose one that be		ining		
	_	Other IT consulting	·	
· · · · · · · · · · · · · · · · ·	·	<u> </u>	Services	
	ralegal 🔲 Leg	aal	tina	
Accounting Auditing Fa				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Psychiatrist - 29-1066.00	1.00	562.00	\$75,057.00	
P ayonathat - 20-1000.00	0,00	0.00	\$0.00	
A STATE OF THE STA	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0,00	\$0.00	
	0.00	0.00	\$0.00	
N. C. C. C. C.	0.00	0.00	\$0.00	
	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	562.00	\$75,057.00	
Grand Total	1.00	562	75057	
Gland Total				
		- d		
Name of person who prepared this re	sport. Affice Mira		315-464-3119	
Title: Practice Manager	$( \cdot )$	Fnone #:	. 313-404-3117	
Preparer's Signature:	V4	11-11-11		
Date Prepared: 5/13/2021				

(Use additional pages, if necessary)

#### FORM B

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

Contractor Address: 719 Harrison Street, Syracuse, NY 13210  Description of Services Being Provided: Adolescent Psychiatric Hospitalist Services					
Scope of Contract (Choose one that best fits):  Analysis Evaluation Research Training					
<ul> <li>□ Data Processing</li> <li>□ Computer Programming</li> <li>□ Other IT consulting</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Surveying</li> <li>□ Environmental Service</li> <li>□ Health Services</li> <li>□ Accounting</li> <li>□ Auditing</li> <li>□ Paralegal</li> <li>□ Legal</li> <li>□ Other Consulting</li> </ul>	ces				
Number of Number of Hours Worked Under the Contract					
Psychiatrist - 29-1066.00 1.00 2,080.00	\$324,000.00				
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				
Name of person who prepared this report: Alice Miranda  Title: Practice Manager  Preparer's Signature:  Date Prepared: 05/13/2021	-464-3119 Page 1 of 1				

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

Contracting State Agency Name: State Contract Number: C 504599 Contract Term: 07/01/2018 to 06/3 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison State Description of Services Being Provide    Scope of Contract (Choose one that b   Analysis	a0/2023 Practice, Inc. reet, Syracuse, Ned: On Call Psyce est fits): search	Agency Business Ur Agency Department NY 13210 chiatry Coverage Ser ning Other IT consulting	ID: 28110 vices
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗌 Leg	al 🔲 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	28.00	6,482.25	\$890,000.00
	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
A STATE OF THE STA	0.00	0.00	\$0.00
Total this Page	28.00	6,482.25	\$890,000,00
Grand Total	28.00	6,482	\$890,000.00
Name of person who prepared this re Title: Practice Manager Preparer's Signature:	eport: Alice Mirar		315-464-3119
(Use additional pages, if necessary)			Page 1 of 1

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

Contracting State Agency Name:	SUNY Upstate Me	dical University	
Contract Number: C 504621		Agency Business Ur	nit:
	<b>   </b>	I ■ 1 I	IL UNITU
			<u> </u>
Scope of Contract (Choose one that	t hact fite):		
·		aining	
		Other IT consulting	
☐ Engineering ☐ Architect Serv		g	Services
☐ Health Services ☐ Mental He			
<del>_</del>	Paralegal Le	gal 🔲 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	416.00	\$50665
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0,00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	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		\$50,665.00
Grand Total	1.00	416.00	\$50,665.00
Name of person who prepared the Title: Practice Manager Preparer's Signature:	s report: Alice Mira		: 315-464-3119
(Use additional pages, if necessary)			Page 1 of 1

(Use additional pages, if necessary)

#### FORM B

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

Contracting State Agency Name: SUNY Upstate Medical University  Contract Number: C 504720 Agency Business Unit:  Contract Term: 08/1/2018 to 07/31/2023 Agency Department ID: 28110  Contractor Name: Psychiatry Faculty Practice, Inc.  Contractor Address: 719 Harrison Street, Syracuse, NY 13210  Description of Services Being Provided: Clinical Supervision  Scope of Contract (Choose one that best fits):  Analysis Evaluation Research Training  Data Processing Computer Programming Other IT consulting				
☐ Engineering ☐ Architect Services			Services	
☐ Health Services ☐ Mental Health		_		
Accounting Auditing Pa	ralegal Leg	al Other Consul	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Psychiatrist - 29-1066.00	1,00	104.00	\$13,350.00	
Clinical Psychologist - 19-331.02	1.00	312.00	\$15,398.00	
	0.00	0.00	\$0,08	
A STATE OF THE STA	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
100 - 100 Alla and 10 -	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
Total this Page	2.00	416.00	\$28,748.00	
Grand Total	2.00	416	\$28,748.00	
Name of person who prepared this report: Alice Miranda  Title: Practice Manager Preparer's Signature:  Date Prepared: 05/13/2021				

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

Contracting State Agency Name: St	INIY I Ipetate Med	lical I Iniversity			
Contract Number: C 504826		Agency Business Ur			
Contract Term: 7/1/2019 to 6/30/2	2024	Agency Department	ID: 28110		
Contractor Name: Psychiatry Faculty			•		
Contractor Address: 719 Harrison St		IY 13210			
Description of Services Being Provide	ed: Psychiatry				
Scope of Contract (Choose one that best fits):					
·	·	ning			
☐ Data Processing ☐ Computer Pro		Other IT consulting			
☐ Engineering ☐ Architect Services		Environmental	Services		
☐ Health Services ☐ Mental Health	Services				
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	al 🔲 Other Consul	ting		
	Number of	Number of	Amount Payable		
Employment Category	Employees	Hours Worked	Under the Contract		
Psychiatrist - 29-1066.00	6.00	10,400.00	\$135,452.50		
and Marketine and the second s	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	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. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	0.00	0.00	\$0.00		
	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	6.00	10,400.00	\$135,452.50		
Grand Total	6.00	10,400	\$135,452,50		
Gianu Iotai	1 0.00	, 0, -00	+ (++) (+-)		
Name of person who prepared this report: Alice Miranda  Title: Practice Manager  Preparer's Signature:  Date Prepared: 05/13/2021					
Date Flepaled, 03/13/2021					

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Sui	ny Upstate Medi	cal University	· · · · · · · · · · · · · · · · · · ·
Contract Number: C-504859		Agency Business Ur	nit: 28110
Contract Term: 10/01/2019 to 09/	30/2022	Agency Department	ID: 34132236
Contractor Name: Upstate Orthopedi	ics, LLP		
Contractor Address: 6620 Fly Road,	Ste 200 East Sy	racuse, NY 13057	
Description of Services Being Provide			Services, Orthopedic
Spine Surgery and Orthopedic Hand	Surgery Program	ns	,
Scope of Contract (Choose one that b	· ·		•
	· —	ining	·
☐ Data Processing ☐ Computer Pro☐ Engineering ☐ Architect Services	•	Other IT consulting  Environmental	Sanjaga
☐ Engineering ☐ Architect Services ☐ Mental Health		, <u>Li chvilonine</u> lital	061 AICE2
<del></del>	ralegal	gal 🔲 Other Consul	tina
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Physician Managers	0.00	0.00	\$0.00
11-9111.00/29-1242.00	0.30	624.00	\$207,262.00
11-9111.00/29-1242.00	0.10	208.00	\$81,847.00
11-9111.00/29-1242.00	0.07	146.00	\$48,361.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	. 0.00	\$0.00
	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	0.47	978.00	\$337,470.00
Grand Total	0.47	978	\$337,470.00
Name of person who prepared this re	port: Cynthia Mo	orris	

Ivanic oi p	2011	WITO	hichaica	ans	report.	Cynuna Monis

Title: Accountant Preparer's Signature:

Phone #: 315-464-8197

#### Exhibit Y

FORM B

Contract Number: C-504897

OSC Use Only:	
Reporting Code:	
Category Code:	

Agency Code: 28110

### **State Consultant Services** Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University

Contractor Name: MedBest Medical Management, Inc					
Scope of Contract (Choose one that Analysis	ion Resea Computer Programm vices Survey Mental He	ing  Other : ving  Environ ealth Services   Legal	Training   IT consulting   umental Services   Other Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Computer System Analysts	28	58,443	\$2,773,139.38		
Laboratory and the state of the					
		, , ,			
	311111111111111111111111111111111111111		1.01.1.00		
	100 THE REAL PROPERTY OF THE PARTY OF THE PA				
Total this page					
Grand Total					
Name of person who prepared this re-					

Date Prepared: 4/5/2021

Preparer's Signature:\_

Use additional pages if necessary)

Title: Director of Administration

Page 1 of 1

Phone #: 315-464-2000

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upsta		
Contract Number: C 505150	Agency Business Unit:	1
Contract Term: 07/1/2018 to 6/30/2021	Agency Department ID: 28110	1
Contractor Name: Psychiatry Faculty Practice,	Inc.	
Contractor Address: 719 Harrison Street, Syra	cuse, NY 13210	
Contractor Address: 719 Harrison Street, Syra		
Contractor Address: 719 Harrison Street, Syra Description of Services Being Provided: Psych		
Description of Services Being Provided: Psyc		
Description of Services Being Provided: Psyclosum Scope of Contract (Choose one that best fits):		
Description of Services Being Provided: Psycl Scope of Contract (Choose one that best fits):  ☐ Analysis ☐ Evaluation ☐ Research	hiatric Nurse Practitioner Services	

Accounting Auditing	Paralegal Lega	Other Consult	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Nurse Practitioner - 29-1171.00	1.00	1,204.00	\$93,737.00
We all the second secon	0.00	0.00	./ \$0.00
	0.00	0.00	\$0.00
The American	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0,00	\$0.00
	0.00	0.00	\$0.00
	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	1,204.00	\$93,737.00
Grand Total	1 00	1,204	\$93.737.00

Name of person who prepared this report: Alice Miranda	
Title: Practice Manager	Phone #: 315-464-3119
Title: Practice Manager Preparer's Signature:	

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

Contracting State Agency Name: SU	NY Upstate Med	dical University	•
Contract Number: C 505151		Agency Business Ur	nit:
Contract Term: 07/1/2018 to 8/5/2	020	Agency Department	ID: 28110
Contractor Name: Psychiatry Faculty	Practice, Inc.		•
Contractor Address: 719 Harrison Str	eet, Syracuse, N	NY 13210	•
Description of Services Being Provide	ed: Psychiatric l	Nurse Practitioner Sei	vices
· · · ·		•	
Scope of Contract (Choose one that b	·		
		ining	
Data Processing Computer Pro	·	Other IT consulting	
☐ Engineering ☐ Architect Services	•	Environmental:	Services
Health Services Mental Health			
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	al Other Consul	ing
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
NUISE PRACTITIONEL - 29-11/1.00	1.00	0.4.00	\$0.00
	0.00	0.00	
	0.00	0.00	\$0.00
1	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
A	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	574.00	\$43,009.00
Grand Total	1.00	574	\$43,009.00
Name of person who prepared this re Title: Practice Manager Preparer's Signature:	port: Alice Mirar		315-464-3119 Page 1 of 1
(CCC AGGILLOTTEL PASCO, IL LICOCCOMY)			

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

Contracting State Agency Name: SUNY Upstate Medical University Contract Number: C 505152 Agency Business Unit: Contract Term: 07/1/2018 to 10/21/2020 Agency Department ID: 28110 Contractor Name: Psychiatry Faculty Practice, Inc. Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Psychiatric Nurse Practitioner Services    Analysis					
EIn-mant C-tagony	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Nurse Practitioner - 29-1171.00	1.00	520.00	\$40,573.00		
Nurse Practitioner - 29-117 1.00	0.00	0.00	\$0.00		
	0.00	0,00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
:	0.00	0.00	\$0.00		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	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	520.00	\$40,573.00		
Grand Total	1.00	520	\$40,573.00		
Name of person who prepared this retrible: Practice Manager Preparer's Signature: Date Prepared: 05/13/2021  (Use additional pages, if necessary)			: 315-464-3119 Page 1 of 1		

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

Contracting State Agency Name: St	JNY Upstate Me	dical University				
Contract Number: C 505159 Agency Business Unit:						
Contract Term: 01/20/2020 to 01/19/2023 Agency Department ID: 28110						
Contractor Name: Psychiatry Faculty Practice, Inc.						
Contractor Address: 719 Harrison Street, Syracuse, NY 13210						
Description of Services Being Provide	ed: Psychiatric	Nurse Practitioner Se	rvices			
Scope of Contract (Choose one that b	est fits):					
	·	ining				
☐ Data Processing ☐ Computer Pro		Other IT consulting				
☐ Engineering ☐ Architect Services			Services			
☐ Health Services ☐ Mental Health		.    —				
	ralegal 🔲 Leg	gal 🔲 Other Consul	ting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Nurse Practitioner - 29-1171.00	2.00	2,080.00	\$150,852.00			
7	0.00	0.00	\$0.00			
1 1 11 11 11 11 11 11 11	0.00	0.00	\$0.00			
The state of the s	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0,00			
	0.00	0.00	\$0.00			
The same that the same to the same to	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
NAME OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE	0.00	0.00	\$0.00			
Total this Page	2.00	2,080.00	\$150,852.00			
Grand Total	2.00	2,080	\$150,852.00			
Name of person who prepared this re Title: Practice Manager Preparer's Signature:	eport: Alice Mirar		315-464-3119			

AC 3272-S (Effective 4/12)

#### FORM B

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University

Contract Number: C-505214 Agency Business Unit: 28110
Contract Term: 07/01/2020 to 08/31/2024 Agency Department ID: 3320211
Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)

Contractor Address: 404 Columbia Place, South Bend, IN 46601 Description of Services Being Provided: Patient Experience Services

Scope of Contract (Choose one that best fits):  Analysis Evaluation Research Training						
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting						
☐ Engineering ☐ Architect Service						
☐ Health Services ☐ Mental Health			,,,			
	aralegal ☐ Leg	gal 🛛 Other Consu	lfing			
E / too and ing E / too and ing		-				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
43-4051.00 (Cust Serv Rep)	2.00	210.00	\$94,487.28			
43-901.00 (Data Entry Keyers)	100.00	210.00	\$6,299.15			
43-9051.00 (Mail Clerk and Mail)	25.00	84.00	\$4,199.43			
41-3099.99 (Sales Rep)	1.00	53.00	\$31,495.76			
43-3021.02 (Billing Cost Clerk)	4.00	2.00	\$104.99			
19-3099.99 (Social Science and Related Worker)	4.00	21.00	\$10,498.59			
****** please note that we do not operate our business in the manner where hours are specifically allocated per person on an account basis. The information provided is best information available	0.00	0.00	\$0.00			
	0,00	0,00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	00,0	\$0.00			
Total this Page	136.00	580.00	\$147,085.20			
Grand Total			-			

Name of person who prepared this report: Dennis Greenan

Title: Finance Director

Phone #: 800 232-8032

Preparer's Signature: Den Glean 5/14/21

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

Report Period: April 1, 2020 to March 31, 2021

	Contracting State Agency Name: Suny Upstate Medical University						
	Contract Number: C-505403	Agency Business Unit: 28110					
	Contract Term: 07/01/2020 to 06/30/2021 Agency Department ID: 34132236						
	Contractor Name: Upstate Orthopedics, LLP						
I	Contractor Address: 6620 Fly Road, Ste 200 East	Syracuse, NY 13057					

Description of Services Being Provided: Community Hospital Do-Management Agreement

Scope of Contract (Choose one that best fits):							
☐ Analysis ☐ Evaluation ☐ Research ☐ Training							
☐ Data Processing ☐ Computer Processing	☐ Data Processing ☐ Computer Programming ☐ Other IT consulting						
☐ Engineering ☐ Architect Services	s 🔲 Surveying	☐ Environmental	Services				
	Services		6				
☐ Accounting ☐ Auditing ☐ Pa	ralegal	al Dther Consul	ting				
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract							
Physician Managers	0.00	0.00	\$0.00				
11-9111.00/29-1242.00	2.00	195.00	\$312,499.95				
	0.00	0.00	\$0.00				
•	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
·	0.00	0.00	\$0.00				
	0.00	0.00	\$0.00				
·	0.00	0.00	\$0.00				
	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	2.00	195.00	\$312,499.95				
Grand Total	2.00	195	\$312,499.95				

Name of	person	who	prepared	this	report:	Cynthia	Morris
---------	--------	-----	----------	------	---------	---------	--------

Title: Accountant

Phone #: 315-464-8197

Preparer's Signature: \( \square{1} \)

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

Report Period: April 1, 2020 to March 31, 2021

11. 1. 2020 to Watch 51, 2021				
Contracting State Agency Name: Sur Contract Number: C-600718 Contract Term: 07/01/2015 to 06/ Contractor Name: Upstate Orthopedi Contractor Address: 6620 Fly Road, Description of Services Being Provide	30/2020 ics, LLP Ste 200 East Sy ed: Community	Agency Business Un Agency Department Tracuse, NY 13057	ID: 34162536	
Scope of Contract (Choose one that b  Analysis Evaluation Re	·	in in a	·	
☐ Data Processing ☐ Computer ☐ C		ining ] Other IT consulting		
☐ Engineering ☐ Architect Services		_	Services	
☐ Health Services ☐ Mental Health	_ , _		·	
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
	0.00	0.00	\$0.00	
11-9111.00/29-1242.00	2.00	65.00	\$185,812.49	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
·	. 0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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 2.00	0.00	\$0.00	
Grand Total		65.00	\$185,812.49	
Grand Total	2.00	65	\$185,812.49	
Name of person who prepared this report: Cynthia Morris  Title: Accountant  Preparer's Signature:  Phone #: 315-464-8197				

(Use additional pages, if necessary)

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

Report Period: April 1, 2020 to March 31, 2021

		•	nit: 28110					
Contract Term: 09/01/2020 to 08/31/2025	5	Agency Business U	nit: 29110					
	5	Contract Number: C-600963 Agency Business Unit: 28110						
Contractor Name: Upstate Orthopedics, LLP	~	Contract Term: 09/01/2020 to 08/31/2025 Agency Department ID: 34132236						
The state of the s	Contractor Name: Upstate Orthopedics, LLP							
Contractor Address: 6620 Fly Road, Ste 200	East Sy	racuse, NY 13057						
Description of Services Being Provided: Inte	ernal Cos	st Savings Agreemen	for Orthopedics					
			-					
Scope of Contract (Choose one that best fits)  Analysis Evaluation Research		ining						
☐ Data Processing ☐ Computer Programm								
	uiy ∟ Surveying	Other IT consulting	Camilaa					
☐ Health Services ☐ Mental Health Service	• •	g Environmental	Sei vices					
Accounting Auditing Paralegal	s ∐Leo	gal	tina					
			ung					
	ber of loyees	Number of Hours Worked	Amount Payable Under the Contract					
11-9111.00/29-1242.00	1.00	· 20.00	\$0.00					
·	0.00	0.00	\$0.00					
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	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	20.00	\$ 0.00					
Grand Total	1.00	20	\$0.00					
	L							

Name of person who prepared this report: Cynthia Morris

Title: Accountant

Phone #: 315-464-8197

Preparer's Signature:

(Use additional pages, if necessary)

#### FORM B

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: State University of New York						
Contract Number: PH68621 Agency Business Unit: SNY01						
Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: 3320211						
Contractor Name: PSI International Inc.						
Contractor Address: 11200 Waples N		) Fairtax, ,VA 22030				
Description of Services Being Provide	ed: II Services					
Scope of Contract (Choose one that b	est fits):					
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	ining				
☐ Data Processing ☐ Computer Pr	ogramming $oxed{oxtime}$	Other IT consulting				
☐ Engineering ☐ Architect Services	s 🗌 Surveying	g ☐ Environmental	Services			
☐ Health Services ☐ Mental Health	Services					
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗌 Leç	gal 🔲 Other Consul	ting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Computer User Support Specialists	2	1,719.50	\$72,201.81			
Total this Page	2	1,719.50	\$72,201.81			
Grand Total	2	1,719.50	\$72,201.81			
Name of person who prepared this re	eport: Jasmin Ber	tulfo				
Title: Accountant	1 . 1.	Phone #:	703.621.5849			
Preparer's Signature:952	itru)					
Date Prepared: 05/03/2021						
24.0 1 10paioa. 00/00/2021						

Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

### **State Consultant Services** Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUN	NY Upstate Medical U	niversity Agency	Code: 28110		
Contract Number: PO 056024					
Contract Term: <u>08/18/2020</u> to					
Contractor Name: HOLT Architects, 1	PC				
Contractor Address: 619 W State Stre	et, Ithaca NY 14850_				
Description of Services Being Provide	d Design & Construc	tion			
Scope of Contract (Choose one that	hest fits):				
Analysis Evaluation		rch 🗍	Training 🗌		
, <u> </u>	<del></del>		Training [		
Engineering Architect Serv	Computer Programmi ices Survey	ing T Environ	mental Services		
Health Services		alth Services	anonai scrvices		
Accounting Auditing			Other Consulting		
Accounting Auditing	Taranegar	Logar [_]			
	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
11-1011.00	2	39	\$8,578.03		
17-1011.00	1	78	\$7,761.40		
17-2141.00	2	45	\$5,418.75		
11-9041.00	1	12	\$2,028.00		
17-2071.00	2	54	\$8,507.00		
43-9199.00	2	5	\$474.00		
17-2051.00	1	1	\$210.00		
11-9041.00	1	0	\$112.50		
11 0041.00			Ψ112.30		
Total this page	12	234.50	\$33,089.68		
Grand Total	12	234	\$33,089.68		
Grand Total	12	234	\$33,089.08		
Name of person who prepared this rep	ort: Allison L. Short				
Preparer's Signature: Www O	n thank				
Title: Business Manager		Phone #: 607-273-7	7600 Ext. 155		
Date Prepared: <u>5//11/2021</u>					
Use additional pages if necessary)			Page 1 of 1		

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

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

Contracting State Agency Name: Suny Upstate Medical University					
Contract Number: T-000303 Agency Business Unit: 28110					
Contract Term: 03/01/2017 to 03/30/2022 Agency Department ID: 34132236					
Contractor Name: Upstate Orthopedics, LLP					
Contractor Address: 6620 Fly Road,	Ste 200 East Sy	racuse, NY 13057			
Description of Services Being Provid	ed: Professiona	I medical services an			
services for diagnosis and treatment	for patients of th	ne Harrison Center Cli	inic. Payable to UH		
Scope of Contract (Choose one that b	•				
1		ining	`		
Data Processing Computer Pr	-	Other IT consulting			
Engineering Architect Services		g ☐ Environmental	Services		
☐ Health Services ☐ Mental Health					
☐ Accounting ☐ Auditing ☐ Pa	ralegal	gal	ting		
	Number of	Number of	Amount Payable		
Employment Category					
Employment Category	Employees	Hours Worked	Under the Contract		
Payable to hospital	0.00	Hours Worked 0.00	Under the Contract \$0.00		
Payable to hospital	0.00	0.00	\$0.00		
Payable to hospital	0.00 0.50	0.00 48.00	\$0.00 \$453.40		
Payable to hospital	0.00 0.50 0.00	0.00 48.00 0.00	\$0.00 \$453.40 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00	0.00 48.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00 0.00	0.00 48.00 0.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00 0.00 0.00	0.00 48.00 0.00 0.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00 \$0.00 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00 0.00 0.00	0.00 48.00 0.00 0.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00 \$0.00 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00 0.00 0.00 0.00	0.00 48.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00 0.00 0.00 0.00 0.00	0.00 48.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00 0.00 0.00 0.00 0.00	0.00 48.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		
Payable to hospital	0.00 0.50 0.00 0.00 0.00 0.00 0.00 0.00	0.00 48.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$453.40 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		

-0.50

	Name of	person who	prepared thi	s report:	Cynthia Morris
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Title: Accountant

Preparer's Signature:

Date Prepared: 04/21/2021

Phone #: 315-464-8197

48

**Grand Total** 

(\$453.40)

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Su	ny Upstate Medi	cal University	· ·			
Contract Number: T-504287	Agency Business Unit: 28110					
Contract Term: 03/01/2017 to 06/	Agency Department	: ID: 34132236				
Contractor Name: Upstate Orthopedics, LLP						
Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057						
Description of Services Being Provided: Professional medical services and realted supporting						
services for diagnosis and treatment	for patients of th	ne Harrison Center Cl	inic.			
Scope of Contract (Choose one that b	·					
I		ining				
Data Processing Computer Pr		Other IT consulting				
Engineering Architect Services	_ , ,	g	Services			
☐ Health Services ☐ Mental Health						
Accounting Auditing Pa	aralegal	gal	ting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
	0.00	0.00	\$0.00			
29-1242.00	0.50	48.00	\$158.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
,	0.00	0.00`	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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	0.50	48.00	\$ 158.00			
Grand Total	0.50	48	\$158.00			

Name of person who prepared this report: Cynthia Morris

Title: Accountant

Preparer's Signature:

Phone #: 315-464-8197

Date Prepared: 04/21/2021

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FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

			· · · · · · · · · · · · · · · · · · ·
Contracting State Agency Name: SUI Contract Number: T505071 Contract Term: 10/01/2019 to Contractor Name: David L. Woodlan Contractor Address: PO Box 24148, Superscription of Services Being Provide presentation of research plans; interpresentation.	09/30/2021 d_ Silverthorne, CO 8049 ed Scientific critique	of grants; advice on for	
Scope of Contract (Choose one that Analysis Evaluati Data Processing  Engineering Architect Serv Health Services  Accounting Auditing	on Resea Computer Programm rices Survey Mental He	ing Other ying Enviror ealth Services	Training  IT consulting  Immental Services  Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Editorial services	Employees 1	Worked 75	Under the Contract \$15,067.00
Total this page		75.33	\$15,067.00
Grand Total		75	\$15,067.00
Name of person who prepared this rep Preparer's Signature:	port: <u>David L. Woodl</u>		
TT #41411 1C \			D. 4.C4

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

1	riod: April 1, 2020 t		
Contracting State Agency Name: SUCOntract Number: T-505504 Contract Term: 11/11/2020 to Contractor Name: First Choice Staffic Contractor Address: 7525 Morgan Ro Description of Services Being Provide Standardized Patient Level 1 only	11/10/2021 ng	1000	Code: 28110
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Mental Ho Paralegal	ing  Other ying  Enviror palth Services	Training   IT consulting   Immental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Education, training, & Library workers, All others	70	3,994	\$81,738.19
Total this page			
Grand Total	70	3,994	\$81,738.19
Name of person who prepared this repo	ort: Karen Nabinger	<u>.                                    </u>	_ ,
Preparer's Signature:			
Title: Supervisor		Phone #: 315-453-5	- 3533
Date Prepared: 04/22/2021			<u></u>
Use additional pages if necessary)			Da. 4 -6 d

Page 1 of 1

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OSC Use Only
Reporting Code:
Category Code:
Date Contract Approved:

Form A

State Consultant Services - Contractor's Planned Employment From Contract State Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: David Boga Contract Number: 7-505532

Contract Start Date 1 1 1 2 0 2 1 Contract End Date: 3 1 3 1 2 0 2 1

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Temporary Dosimetrist		520	\$ 57,600.00
	Visit Property		
Total This Page		520	\$ 57,600.00
Grand Total			

	<u> 18 18177, 19 31 83</u>		<u> </u>		4 4 5 5 5 5 5 6 5 6 6 7 6	1.1.2 A W. 1.3.2 W. 1.		
				Nation 1 to 1				
		A	V4					
Name of person who p	prepared this rep	ort Tinsk	~ (00)					
				. 20	\ n F~	900	77 a27	ዾ፞፞፞፞፞
Title: Account 1	'lang gell		Phoi	1e#: 00'	ر کیے ج	<del>-</del>     0	11.00	
Preparer's Signature	LIABOUT					Garitta		
								المحاورة
Date Prepared:	-1-202							7 (1.
	and the second of the second	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ひんてんい とっこ	(بالكاف منهم الأوارات			工具 医扩展线 医邻苯	

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Reporting Code:	
Category Code:	

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2027

Report Period: April 1, 2020 to March 31, 2021						
Contracting State Agency Name: SUNY Upstate Medical University  Contract Number: T550086  Contract Term: 1/7/2013 to 6/30/20  Contractor Name: Fisher Associates, P.E., L.S., L.A., D.P.C.  Contractor Address: 180 Charlotte Street, Rochester, NY 14607  Description of Services Being Provided: Campus Site Improvements at Upstate Medical University and  Community General Hospital Campus						
Scope of Contract (Choose one that best fits):  Analysis □ Evaluation □ Research □ Training □  Data Processing □ Computer Programming □ Otl  Engineering ☒ Architect Services □ Surveying □  Health Services □ Mental Health Services □  Accounting □ Auditing □ Paralegal □ Legal □	her IT Consulting   Environmental Service	es 🗆				
Nothing to Report  Total this page Grand Total	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Name of person who prepared this report:  Preparer's Signature: Catherice M. Di Marco  Title: Accountant  Date Prepared: April 20, 2021	Catherine M. DiMarco Phone #: 585-334-1		-			

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Period: April 1, 2020 to March 31, 2021

	······································	······································		
		<del></del>		
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550183				
Contract Term: 02/20/07 to				
Contractor Name: HOLT Architects, 1				
Contractor Address: 619 W State Stre				
Description of Services Being Provide	d Design & Construc	ction		
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
Scope of Contract (Choose one that		, 🗖	<b>"</b>	
Analysis Evaluation			Training	
	Computer Programmi		IT consulting	
Engineering Architect Serv		<del>-</del>	nmental Services 🛛	
Health Services		ealth Services		
Accounting Auditing	Paralegal	Legal 🔛	Other Consulting	
	NT 1 C	NT 1 CTT	T 4 . D 11	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
17-3011.00	1	113	\$9,866.96	
11-9041.00	1	20	\$2,707.05	
19-2041.00	1	3	\$224.00	
	_	_		
Total this page	3	136.00	\$12,798.01	
Grand Total	0	136	\$12,798.01	
Giana Total	V	130	\$12,770.01	
Name of person who prepared this rep	ort: Allison L. Short			
Preparer's Signature:	(1) O' 1015			
Title: Business Manager Phone #: 607-273-7600 Ext. 155			7600 Ext. 155	
			· · · · · · · · · · · · · · · · · · ·	
Date Prepared: <u>5/11/2021</u>				
Use additional pages if necessary)			Page 1 of 1	

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Reporting Code:	
Category Code:	

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

Report Period: April 1, 2020 to March 31, 2021

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Contracting State Agency Name: SUNY - Upstate Medical University Agency Code: Contract Number: T550259 Contract Term: 10/24/2018 to 01/24/2020 Contractor Name: M/E Engineering, PC Contractor Address: 300 Trolley Boulevard, Rochester, NY 14606 Description of Services Being Provided: Mechanical, Electrical and Plumbing Engineering				
Scope of Contract (Choose one that best fits):  Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
17-2141.00	3	325	99,689.37	
19-4091.00	1	12.25	811.44	
19-2041.00	4	55.75	6,552.49	
11-1021.00	1	.75	83.07	
51-9061.00 1 4 600.00				
Total this page Grand Total	10 10	397.75 397.75	\$107,736.37 \$107,736.37	
Name of person who prepared this report: Rachel C. Patterson  Preparer's Signature:				

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550260  Contract Term: 12/19/2018 to 01/30/2022  Contractor Name: HOLT Architects, PC  Contractor Address: 619 W State Street, Ithaca NY 14850  Description of Services Being Provided Design & Construction				
Same of Contract (Change one that	h4 (54-) .	· · · · · · · · · · · · · · · · · · ·		
Scope of Contract (Choose one that Analysis Evaluation Data Processing		-	Training [] IT consulting []	
Engineering Architect Serv			nmental Services 🛛	
Health Services		alth Services		
Accounting Auditing	Paralegal [	Legal 🗍	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
17-3011.00	2	45	\$3,381.69	
11-9041.00	1	6	\$787.93	
17-1011.00	1	43	\$4,895.49	
11-1011 1 6 \$1,405.85				
43-6014.00	3	6	\$380.88	
11-9041.00	1	58	\$10,898.55	
17-2141.00	1	28	\$3,797.70	
17-2111.02	1	6	\$448.50	
27-1029.00	1	9	\$767.46	
17-3019.00	1	5	\$343.07	
19-2041.00	2	3	\$356.25	
19-5011.00	2	5	\$330.00	
Total this page	17	220.00	\$27,793.37	
Grand Total	17	220	\$27,793.37	
Name of person who propared this report: Allison L. Short  Preparer's Signature:  Title: Business Manager  Phone #: 607-273-7600 Ext. 155  Date Prepared: 5/11/2021				

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: <u>SUN</u>	NY Upstate Medical U	Iniversity Agency	Code: <u>28110</u>	
Contract Number: T550262				
Contract Term: <u>01/16/2019</u> to				
Contractor Name: HOLT Architects, 1				
Contractor Address: 619 W State Stre	-			
Description of Services Being Provide	d Design & Construc	ction		
			,	
Scope of Contract (Choose one that		. 🗖		
Analysis Evaluation			Training	
	Computer Programmi		IT consulting 🔲	
Engineering 🗵 Architect Serv			nmental Services 🛛 📗	
Health Services		alth Services		
Accounting Auditing	Paralegal	Legal [	Other Consulting [	
F 1	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
17-3011.00	2	170	\$13,715.14	
13-1051.00	1	4	\$463.79	
11-1011.00	1	3	\$637.74	
19-2041.00	2	5	\$475.00	
19-5011.00	3	11	\$675.00	
43-6014.00	3	7	\$444.36	
11-9041.00	2	47	\$8,849.25	
17-2141.00	1	2	\$333.13	
27-1029.00	2	10	\$807.85	
17-3019.00	. 2	26	\$1,621.78	
Total this page	19	285	\$28,023.04	
Grand Total	19	285	\$28,023.04	
			ψ20,020.07	
Name of person who prepared this report: Allison L. Short				
Preparer's Signature: Wusan & Short				
Title: Business Manager Phone #:		Phone #: 607-273-7	7600 Ext. 155	
Date Prepared: <u>5/11/2021</u>	Date Prepared: <u>5/11/2021</u>			
TT 111/1 1 10			D 4 0 4	

Use additional pages if necessary)

Page 1 of 1

OSC Use Only:	
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Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

	110d. April 1, 2020 ti	o Indian of the state of the st	, ,	
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550266				
Contract Term: <u>03/07/2019</u> to	03/23/2021			
Contractor Name: Dwyer Architectur	al, LLC			
Contractor Address: 120 E. Washingt	on Street, Suite 822 S	yracuse NY 13202		
(Description of Services Being Provid			Reno (18-058)	
Scope of Contract (Choose one that		. $\square$	<u></u>	
Analysis Evaluati			Training [	
Data Processing	Computer Programm	ing Other	IT consulting [	
Engineering Architect Serv		·	nmental Services	
Health Services		ealth Services		
Accounting Auditing	Paralegal 🗌	Legal [	Other Consulting	
	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
17-1011.00 Architects, Except	, , ,			
Landscape and Naval (Dwyer)	1	298.50	\$3,500.00	
17-3011.01 Architectural Drafters	1	93.75	\$3,100.00	
(Dwyer) 43-6014.00 Secretaries & Admin			. '	
Assistants, Except Lega, Medical and	1	2	\$71.00	
Executive (Dwyer)	'	_	<b>V</b> 1.00	
Total this page	3	394.25	\$6,671.00	
Grand Total	3	394.25	\$6,671.00	
σταια τουα συμποτοία συμπ				
Name of person who prepared this report: Kristen Zdrojewski				
Preparer's Signature:				
		Db #: 215 472 14	_	
Title: Office Manager	<u> </u>	Phone #: <u>315.473.13</u>	300	
Date Prepared: 46000				

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Category Code:	

			ng Code:	
			Categor	y Code:
	State	Consultant Services	3	
ľ	Contractor's	Annual Employmen	t Report	
	Report Period:	April 1, 2020 to Marc	h 31, 2021	
Contracting State Age	ency Name: SUNY Upsate Me	edical University		Agency Code: 28110
Contract Number:	T550266 (151067/1112.3) U	UH 3W Angio Suites	Reno (18-058)	, igono, code. 20110
Contract Term:	3/20/2019 to	10/19/20	• • • • •	
Contractor Name:	Ravi Engineering & Land S	urveying, P.C.		
Contractor Address:	2110 S. Clinton Ave, Suite	1; Rochester, New Yo	ork 14618	
Description of Service	es Being Provided:			
Scope of Contract (	Choose one that best fits):		<u> </u>	
Analysis □ Evaluatio	n 🗆 Research 🗆 Training 🗆			
	Computer Programming 🗆 Otl			
Engineering 🗵 Archit	ect Services  Surveying	nvironmental Service		
Health Services □ M	ental Health Services □	- invironimental Service:	<b>5</b> L	
Accounting □ Auditing □ Paralegal □ Legal □ Other Consulting □				
Emplo	pyment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
17-2051.00 Civil Engil	neering	, , , , , , , , , , , , , , , , , , , ,		the Contract
17-3022.00 Civil Engir	neer Technician		4.00	\$629.28
			76.00	\$5,784.96
·				l l

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2051.00 Civil Engineering	1	4.00	\$629.28
17-3022.00 Civil Engineer Technician	1	76.00	\$5,784.96
			Ψυ, το4.30
			*
			<del></del>
<del>-</del>			· · · · · · · · · · · · · · · · · · ·
Total this page	2	80.00	\$6,414.24
Grand Total	2	80.00	\$6 414 24

Name of person who	prepared this r	eport: L	aura Mu	rrav	
Preparer's Signature:		Laura Mur			
		Р	hone #:	(585) 697-2830	•
Date Prepared:	4/30/2021			·	

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services				
Contractor's Annual Employment Report				
Report Pe	riod: April 1, 2020 to	March 31, 2021		
Contracting State Agency Name: <u>SUI</u> Contract Number: <u>T550266 (151067/1</u>			Code: <u>28110</u>	
Contract Term: 03/07/2019 to Contractor Name: Trophy Point, LLC Contractor Address: 4588 South Park Description of Services Being Provide	Avenue, Blasdell, NY			
Scope of Contract (Choose one that best fits):  Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
13-1051.00	5	43	\$5,466.00	
Total this page	5	43	\$5,466.00	
Grand Total				
Name of person who prepared this rep	ort: Peter Trzybinksi		<u></u>	
Preparer's Signature: Peter Trzyb	inski		_	
Title: Director of Finance		Phone #: 716-823-0	- 006	
Date Prepared: <u>5/3/2021</u>				
Use additional pages if necessary)			Page 1 of 1	

#### FORM B

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Category Code:	

## **State Consultant Services**

Contractor's Annual Employment Report				
Report Period: April 1, 2020 to March 31, 2021				
Contracting State Agency Name: SUI Contract Number: T550266 (151067/			/ Code: 28110	
Contract Term: 03/07/2019 to Contractor Name: IBC Engineering P Contractor Address: 34445 Winton P Description of Services Being Provide	P.C lace Suite 219 Roches			
Scope of Contract (Choose one that Analysis	on Resea Computer Programm rices Survey Mental He	ving	Training  IT consulting  Imental Services  Other Consulting	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
17-2141.00 Mechanical Engineer (IBC)	3.00	240	32,400	
17-3023.00 Electrical Engineer (IBC)	1.00	80	10,800	
17-3013.00 Mechanical Drafter (IBC) 11-1021.00 General Operational	2.00	65	5850	
Manager (IBC)	1.00	28	3360	
11-1011 Chief Executive Office (IBC)	1.00	12	2160	
17-3012.02 Electrical Drafter (IBC)	1.00	42	3780	
Total this page	9 .	467	58350	
Grand Total	9	467	58,350.00	
Name of person who prepared this ep Preparer's Signature:	ort: Andrew Iarosz	***		
Title: Associate Phone #: 585-341-3170				
Date Prepared: 5/13/21				
Use additional pages if necessary)	Use additional pages if necessary) Page of			

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Report Fel	110u: April 1, 2020 to	0 March 31, 2021	
Contracting State Agency Name: SUI Contract Number: T550256 Contract Term: 10/23/2018 to Contractor Name: Dwyer Architectur Contractor Address: 120 E. Washingt Description of Services Being Provide	2020 al, LLC_ on Street, Suite 822 S	yracuse, NY 13202	Code: 28110
Scope of Contract (Choose one that Analysis	on Resea Computer Programm rices Survey Mental He	ying	Training   IT consulting   Immental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1011.00 Architects, Except Landscape and Navel 17-3011.01 Architectural Drafters	1 1	8 23	\$881.04 \$1,266.62
Total this page Grand Total	2 2	31 31	\$2,147.66 \$2,147.66
Name of person who prepared this rep		•	<u>ψ2,147.00</u>
Preparer's Signature:  Title: Office Manager		Phone #: 315.473.	– 1800
Date Prepared: <u>04/28/2021</u>			
TT			D 4 -6 4

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Category Code:	

## State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name:	SUNY UMU	Agency Code: 28110	
Contract Number: T550256		- ,	
Contract Term: 2018 - TBD			
Contractor Name: Popli Design Gi	roup		
Contractor Address: 555 Penbroo	ke Dr., Penfield, I	NY 14526	
Description of Services Being Prov	rided: Professiona	al Engineering Services UMU Urology	

Scope of Contract (Choose one that Analysis	arch ☐ Training ☐ gramming ☐ Othe ☐ Surveying ☐ Services ☐	er IT consulting   Environmental Service	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-3013	1	3.50	\$85.82
17-2141	1	2.00	\$91.74
Total this page	2	5.50	¢177.56
	<del> </del>		\$177.56
Grand Total	2	5.50	\$177.56

Name of person who prepared this report: Susan Frelier

Preparer's Signature: Susan Frelier

Title: Accounting Assistant Date Prepared: 4/16/2021

Phone #: 585-388-2060

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OSC Use Only:	
Reporting Code:	
Category Code:	

#### **State Consultant Services** Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University	Agency Code: 28110	
Contract Number: T550256		
Contract Term: 10/23/2019 to 06/30/2020		
Contractor Name: Watts Architecture & Engineering		

Contractor Address: 95 Perry Street, Suite 300, Buffalo, NY 14203

Description of Services Being Provided: UUH Urology Expansion / 18-016 - Asbestos Consulting Services

Scope of Contract (Choose one Analysis Evaluation Resear Data Processing Computer Processing Architect Services Mental Health Accounting Auditing Parale	ch Training ogramming Other IT consulting vices Surveying <b>Environr</b> Services	) nental Services	
		form to ensure that the formulas calculate cor	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
No Labor Reported			
·			
Total this page	0		
Grand Total	C	0.00	0.00
Name of person who prepared	this report: Linda Butcher		
Preparer's Signature:	Linda Butcher		
Title: Sr. Project Accountar		(716) 206-5128	
Use additional pages if peacesant		<del></del>	Bogo 1 of 1

#### FORM B

OSC Use Only:	
Reporting Code:	
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### **State Consultant Services**

Contractor's Annual Employment Report				
Report Period: April 1,2020 to March 31, 2021				
Contracting State Agency Name: SUN Contract Number: T550256 (151064/12 Contract Term: 10/23/18 to 2020 Contractor Name: Trophy Point, LLC Contractor Address: 4588 South Park Description of Services Being Provide	Avenue, Blasdell, NY	7 14219	Code: <u>28110</u> munity Campus <u>(18</u> -016)	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He Paralegal	ing  Other I  ving  Environ ealth Services    Legal  C	Training  Training  Training  Training  The consulting  The co	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
13-1051.00	1	6	\$745.48	
Total this page				
Grand Total				
Name of person who prepared this rep		(1	<del></del>	
Preparer's Signature: Peter Trzybinski				
Title: <u>Director of Finance</u>		Phone #: <u>716-823-0</u>	<u> </u>	
Date Prepared: <u>5/3/2021</u>				
Use additional pages if necessary)			Page 1 of 1	

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 20 to March 31, 21

•	•	<b>,</b> <del>-</del>		
Contracting State Agency Name: SUNY Upstate Medical University  Contract Number: T550256  Contract Term: 02318 to 2020  Contractor Name: IBC Engineering P.C.  Contractor Address: 3445 Winton Place suite 219 Rochester, NY 14623  Description of Services Being Provided Engineering Services  (151014105) ULL H LEGGY EXPOSION (18-016)				
Scope of Contract (Choose one that best fits):   Analysis				
Facility of Catalogue	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
17-2141.00 Mechanical Engineer				
(IBC)	2	20	\$2,700.00	
17-3023.00 Electrical Engineer (IBC)	1	9	\$1,215.00	
,		New		
The state of the s				
Total this page	3	29	3915	
Grand Total	3	29	\$3,915.00	
Name of person who prepared this rep				
Preparer's Signature:	1/2			
Title: Associate Phone #: 585-341-3170				
Date Prepared: 5/13/21				
Use additional pages if necessary) Page of				

OSC Use Only:	
Reporting Code:	
Category Code:	

#### **State Consultant Services Contractor's Annual Employment Report**

Report Pe	Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: T550277 (151067-1112.6) Nuclear Cameras, Basement N Wing(19-049)				
Contract Term: 11/01/2019 to 10/31/2020				
Contractor Name: Dwyer Architectur				
Contractor Address: 120 E. Washingt	on Street, Suite 822 S	yracuse NY 13202		
Description of Services Being Provide	ed Architectural and	Consulting Services		
		-		
Scope of Contract (Choose one that	best fits):			
Analysis 🗌 🔃 Evaluati	on 🗌 Resea	rch 🗌	Training 🔲	
Data Processing	Computer Programm		IT consulting	
Engineering Architect Serv			mental Services	
Health Services		ealth Services		
Accounting Auditing	Paralegal 🗌	Legal 🗍 🔻	Other Consulting	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
17-1011.00 Architects, Except Landscape and Naval (Dwyer)	2.00	84.50	\$8,959.32	
17-3011.01 Architectural Drafters (Dwyer)	2.00	3.75	\$206.48	
43-6014.00 Secretaries & Admin Assistants, Except Lega, Medical and Executive (Dwyer)	0.00	0.00	0.00	
		<del>4</del>		
Total this page	4.00	88.25	\$9,165.80	
Grand Total 4.00 88.25 \$9,165.80				
Name of person who prepared this rep	ort: <u>Kristen Zdrojews</u>	ki		
Preparer's Signature:	<u>×</u>		-	
Title: Office Manager	$\overline{}$	Phone #: 315.473.18	800	
Date Prepared: <u>04/28/2021</u>	•			

FORM E	3
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OSC Use Only:	
Reporting Code:	
Category Code:	

	Caregor	y Code:	
	State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021		
Contract Number: Contract Term: Contractor Name:	ency Name: SUNY Upsate Medical University T550277 (151067-1112.6) Nuclear Cameras, Basement N Wing(19-049) to Ravi Engineering & Land Surveying, P.C. 2110 S. Clinton Ave, Suite 1; Rochester, New York 14618 es Being Provided:	Agency Code:	2811
Analysis □ Evaluation Data Processing □ ( Engineering ☜ Archin Health Services □ M	Choose one that best fits):  on □ Research □ Training □ Computer Programming □ Other IT Consulting □ tect Services □ Surveying □ Environmental Services ental Health Services □ ng □ Paralegal □ Legal □ Other Consulting □		

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2051.00 Civil Engineering			the Contract
17-3022.00 Civil Engineer Technician	1	18.00	\$1,391.04
17-2081.00 Environmental Engineer	1	17.00	\$1,672.56
17-3025.00 Environmental Engineer Technician	1	2.00	\$121.44
	<del> </del>		
Total this page			
Grand Total	3	37.00	\$3,185.04
Grand Total	3	37.00	\$3,185.04

Name of person who	prepared this report:	Laura Mu	rrav	
Preparer's Signature:	Laur	ra Murray		
		Phone #:	(585) 697-2830	
Date Prepared:	4/1/3021			
41			<del></del>	

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

### **State Consultant Services**

Contractor's Annual Employment Report					
Report Period: April 1, 2020 to March 31, 2021					
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550277  Contract Term: 11/01/2019 to 10/31/2020  Contractor Name: Trophy Point, LLC  Contractor Address: 4588 South Park Avenue, Blasdell, NY 14219  Description of Services Being Provided (151067-1112.6) Nuclear Cameras, Basement N Wing					
19-049		Nuclear Cameras, Basem	lent IV Wing		
Scope of Contract (Choose one that best fits):  Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
13-1051.00	1	14	\$2557.00		
Total this page					
Name of person who prepared this report: Peter Trzybinski  Preparer's Signature: Peter Trzybinski					
Title: Director of Finance		Phone #: 716-823-00	006		
Date Prepared: 5/3/2021 Use additional pages if necessary)			Page 1 of 1		

#### FORM B

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Reporting Code:	
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## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUI Contract Number: T550277	NY Upstate Medical L	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Term: 11/01/2019 to			
Contractor Name: IBC Engineering P		4 NR/ 14/22	
Contractor Address: 3445 Winton Pla			
Description of Services Being Provide 19-049	a (131007-1112.0) r	vuclear Cameras, Basen	nent is wing
19-049			<del></del>
			•
Scope of Contract (Choose one that		. 🗆	_
Analysis Evaluati		<del></del>	Training [
Data Processing ☐ Engineering ☒ Architect Serv	Computer Programm	——————————————————————————————————————	IT consulting
Engineering Architect Serv		/ing ☐ Enviror ealth Services ☐	mental Services 🗌
Accounting   Auditing			Othor Consulting [
AccountingAuditing	ratalegal [	Legal [	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
17-2141.00 Mechanical Engineer	·		
(IBC)	3	76	10260
17-3023.00 Electrical Engineer		<u>.</u> .	
(IBC)	]	24	3240
11-1011 CEO (IBC) 11-1021.00 General Operational	1	4	720
Manager (IBC	1	9	1080
17-3013.00 Mechanical Drafter		<u> </u>	1060
(IBC)	. 2	27	2430
17-3012.02 Electrical Drafter			2.00
(IBC)	1	10	900
Total this page		150	18630
Grand Total		150	18360
Name of person who prepared this rep	ort: Andrew Jarosz		
Preparer's Signature:			
Title: Associate		Phone #:585-341-31	- .70
Date Prepared:5/13/21		- mont moor of 1-01	* *************************************
Date Frepared3/13/21	-		

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Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUI	NY Upstate Medical L	<u>Iniversity</u> Agency	Code: <u>28110</u>				
Contract Number: T550281							
Contract Term: 01/13/2020 to 12/31/2021							
Contractor Name: HOLT Architects, PC							
Contractor Address: 619 W State Street, Ithaca NY 14850							
Description of Services Being Provide	d Design & Construc	ction	,				
		-					
Scope of Contract (Choose one that		, —					
Analysis Evaluation			Training 🗌				
	Computer Programm		IT consulting [				
Engineering Architect Serv			mental Services 🛛				
Health Services		alth Services					
Accounting Auditing	Paralegal	Legal [	Other Consulting 🗌				
	Number of	Number of Hours	Amount Payable				
Employment Category	Employees	Worked	Under the Contract				
17-3011.00	2	988	\$60,410.68				
11-1011.00	1	15	\$3,300.55				
17-1011.00	1	91	\$10,145.83				
13-1051.00	1	6	\$696.80				
11-9041.00	1	74	\$9,894.70				
19-2041.00	3	87	\$5,821.00				
19-4091.00	1	10	\$685.00				
51-9061.00	. 1	4	\$500.00				
17-2141.00	3	354	\$41,681.93				
11-9041.00	1	133	\$22,156.69				
43-9199.00	2	31	\$2,597.72				
17-2071.00	1	206	\$32,431.36				
17-3013.00	1	114	\$7,068.06				
Total this page	19	2113.00	\$197,390.32				
Grand Total		dianata adapta da sa					
^	* ***						
Name of person who prepared this rep	ort: AllisonAL. Short						
Preparer's Signature:							
Title: Business Manager		Phone #: 607-273-7	'600 Ext. 155				
Date Prepared: <u>5/11/2021</u>			•				

OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110			
Contract Number: T550281			
Contract Term: <u>01/13/2020</u> to	12/31/2021		
Contractor Name: HOLT Architects,	PC		
Contractor Address: 619 W State Stre	et, Ithaca NY 14850		
Description of Services Being Provide		ction	
		***************************************	
Scope of Contract (Choose one that			
Analysis Evaluation			Training [
	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services 🛛
Health Services		alth Services 🔲	
Accounting Auditing Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌
	) I 1 C	21 1 011	
Employment Category	Number of	Number of Hours	Amount Payable
17 2022 00	Employees	Worked	Under the Contract
17-3023.00		0	\$43.58
17-3027.00	<u> </u>	66	\$3,768.60
13-1051.00	8	155	\$17,523.00
17-1051.00	1	53	\$6,217.51
17-3011.00	1	12	\$1,020.09
	-		
Total this page	12	286.50	\$28,572.78
Grand Total	31	2,399	\$225,963.10
21	Λ ~.	ı	
Name of person who prepared this repo	of: Allison L. Short		MIN - 13 - W
Preparer's Signature:	DODONT		_
Title: Business Manager	, , <u>O</u> , <u>O</u> ,	Phone #: 607-273-7	7600 Ext. 155
		<u>557                             </u>	
Date Prepared: <u>5/11/2021</u>			

Use additional pages if necessary)

Page 2 of 2

OSC Use Only:	
Reporting Code:	
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# State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2021 to March 31, 2020

Contracting State Agency Name: <u>SU</u> Contract Number: <u>T550282</u>	JNY Upstate Medical	University Agenc	ey Code: 28110
Contract Term:to Contractor Name: Dwyer Architectur Contractor Address: 120 E. Washing Description of Services Being Provid	ton Street Suita 822	Syracuse NY 13202 athology Reno (19-085	
Scope of Contract (Choose one that	hest fits).		
Analysis	ion	ying Environmenth Environmenth Services	Training  IT consulting  Inmental Services  Other Consulting
Employment Category 17-1011.00 Architects, Except	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Landscape and Naval (Dwyer)	1.00	75.00	\$2,019.00
17-3011.01 Architectural Drafters (Dwyer)	2.00	40.70	Ψ2,019.00
43-6014.00 Secretaries & Admin Assistants, Except Lega, Medical and Executive (Dwyer) 11-9041.00 Architectural & Engineering Managers (Dwyer)		48.50	\$0.00
Total this page	3	123.50	\$2,019.00
Grand Total	3	123.50	\$2,019.00
Name of person who prepared this repo	rt: <u>Kristen Zdrojewsk</u>	ti	
Title: Office Manager		Phone #: <u>315.473.180</u>	00
Date Prepared: <u>04/28/2021</u>			
Use additional pages if necessary)			Page 1 of 1

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OSC Use Only:	
Reporting Code:	
Category Code:	

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

Report P	Period: April 1, 2020	to March 31, 2021	
Contracting State Agency Name: SL Contract Number: T550282	JNY Upstate Medical	University Agend	cy Code: 28110
Contract Term:to			
Contractor Name: RAM-TECH Eng	ineers, P.C.		
Contractor Address: 6100 Fairway D Description of Services Being Provid 3/31/2021	<u>0r., PO Box 10, Syracı</u> led (151105/1261) Pa	ise, NY 13211 athology Reno (19-085)	4/1/2020 —
3/31/2021			
Scope of Contract (Ch.			
Scope of Contract (Choose one that  Architect Server Health Services  Accounting  Auditing  Auditing  Auditing  Accounting  A	ion Resea Computer Programm vices Surve	ying Enviro	Training  IT consulting  nmental Services
			Other Consulting
Employment Category	Number of Employees	Number of Hours	Amount Payable
11-9041.00	Limployees	Worked 53.0	Under the Contract
17-2071.00	i	2.0	\$7,752.84
17-2141.00	2	58.5	\$ 383.64
17-3013.00	2	57.5	\$11,221.47 \$3,729.45
17-3012.00	1	20.0	\$1,297.20
47-2152.00	2	36.5	\$3,066.53
43-9199.00	2	20.5	\$ 792.12
Total this page	11	248.0	\$28,243.35
Grand Total			720,270.00
Name of person who prepared this repo	ort: Anthony J. Borick		
Title: Principal		Phone #: 315.463.77	16
Date Prepared: 4/22/2021	-	dipositioning the signature of the signa	
Use additional pages if necessary)			Decrit of t

Page 1 of 1

#### FORM B

OSC Use Only:	
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## State Consultant Services Contractor's Annual Employment Report

Report Pe	riod: April 1, 2020 to	March 31, 2021			
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: T550282					
Contract Term:to Contractor Name: Trophy Point, LLC Contractor Address: 4588 South Park Avenue, Blasdell, NY 14219 Description of Services Being Provided (151105/1261) Pathology Reno (19-085)					
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing Other I  ving Environ ealth Services	Training  Training  Training  The consulting  The consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
13-1051.00	5	53	\$4,739.00		
Total this page Grand Total	5	53	\$4739.00		
Name of person who prepared this rep Preparer's Signature: Peter Trzybinski Title: Director of Finance		Phone #: 716-823-0			
Date Prepared: 5/3/2021	<del> </del>	1 Ποπο π. / 10-623-0			
Use additional pages if necessary)			Page 1 of 1		

FORM B

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## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021				
	<u> </u>			
Contracting State Agency Name: SUNY Upstate Med Contract Number: T550283  Contract Term: 03/17/2020 to 03/17/2022  Contractor Name: Dwyer Architectural, LLC  Contractor Address: 120 E. Washington Street, Suite Description of Services Being Provided (15110/1246)  Scope of Contract (Choose one that best fits):  Analysis  Evaluati Data Processing	822 Syracuse NY 1326) Family Medicine R on Resea	esidency (19-035)  rch  Other	Training \[ \]	
Engineering Architect Serv			nmental Services	
Health Services   Accounting   Auditing   Auditing	Mental He Paralegal 🗌	ealth Services  Legal	Other Consulting [	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
17-1011.00 Architects, Except Landscape and Naval (Dwyer)	2.00	67.00	\$7,378.00	
17-3011.01 Architectural Drafters (Dwyer)	2.00	179.00	\$11930.00	
43-6014.00 Secretaries & Admin Assistants, Except Lega, Medical and Executive (Dwyer)  1 7.25 \$352.00				
Total this page	5.00	253.25	\$19,600.00	
Grand Total	5.00	253.25	\$19,660.00	
Name of person who prepared this report: Kristen Zd Preparer's Signature:  Title: Office Manager  Date Prepared: 04/28/2021		Phone #: <u>315.473.1</u>		

OSC Use Only:	
Reporting Code:	
Category Code:	

#### **State Consultant Services Contractor's Annual Employment Report** Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University

Agency Code: 28110

Contract Number: T550283

Contract Term: 03/17/2020 to 03/17/2022

Contractor Name: Watts Architecture & Engineering

Contractor Address: 95 Perry Street, Suite 300, Buffalo, NY 14203

Description of Services Being Provided: (15110/1246) Family Medicine Residency (19-035)

Scope of Contract (Choose one	that best fits):		
Analysis Evaluation Resea	arch Training		
Data Processing Computer Pr	rogramming Other IT consulting		
Engineering Architect Ser	vices Surveying Environment	ental Services	
Health Services Mental Health	Services	IIII VEI VIVES	
Accounting Auditing Parale	egal Legal Other Consulting		
Note: Use the Tab ki	ey to navigate through the table portion of the form	n to ensure that the formulas calculate cor	manuful in the second
Employment Category 1-9041.00 Architectural &	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Engineering managers	1	1.00	
17-2051.00 Civil Engineers	2		107.10
17-2081.00 Environmental Engieers		8.25	863.25
	1	48.00	4,983.55
17-2141.00 Mechanical Engineers	1	7.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17-3011.00 Architectural and			1,159.98
Civil Drafters	2	5.50	412.21
17-3027.00 Mechanical Engineering Technicians	1	45.50	
19-2041.00 Environmental		70.00	4,152.38
Scientists and Specialist	2	4.25	307.42
			0
			0
			0
	,		0
Total this page	40		
Grand Total	10 10	119.50 119.50	12,035.95
		110.00	12,035.95

Name of person who prepared this report:	Linda Butcher	
Preparer's Signature: Linda	Butcher	
Title: Sr. Project Accountant	Phone #:	(716) 206-5128
4/20/2021		(110) 200-0120
Use additional pages if pages		

Use additional pages if necessary)

Page 1 of 1

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services				
Contra	ctor's Annual Emplo	yment Report	}	
Report Per	riod: April 1, 2020 to	March 31, 2021		
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550283  Contract Term: 03/17/2020 to 03/17/2022  Contractor Name: Trophy Point, LLC  Contractor Address: 4588 South Park Avenue, Blasdell, NY 14219  Description of Services Being Provided (15110/1246) Family Medicine Residency (19-035)				
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey	ing Other I  ving Environ ealth Services	Training  Training  Training  Training  The consulting  The co	
Employment Category	Employees	Worked	Under the Contract	
13-1051.00	11	74	\$9,857.00	
Total this page				
Grand Total				
Name of person who prepared this rep	ort: Peter Trzybinsk	<u> </u>	<del></del>	
Preparer's Signature: Peter Trzybinski				
Title: Director of Finance Phone #: 716-823-0006				
Date Prepared: <u>5/3/2021</u>				
Use additional pages if necessary)			Page 1 of 1	

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## State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: <u>SUI</u> Contract Number: <u>T550283</u>		Jniversity Agency	Code: 28110
Contract Term: <u>03/17/2020</u> to			
Contractor Name: IBC Engineering P		NR/ 14/00	
Contractor Address: 3445 Winton Pla			. (10, 035)
Description of Services Being Provide	a (15110/1246) ram	my Medicine Residency	y (19-033)
			× 111 11
Scope of Contract (Choose one that			
Analysis 🗌 🔃 Evaluati	_		Training
Data Processing	Computer Programm		IT consulting 🔲
Engineering Architect Serv		· —	nmental Services [
Health Services		alth Services [	
Accounting Auditing	Paralegal [	Legal [	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
17-2141.00 Mechanical Engineer			
(IBC)	2	170	\$22,950.00
17-3023.00 Electrical Engineer	,		
(IBC)	1`	60	\$8,100.00
11-1011 CEO (IBC)	1	8	\$1,440.00
11-1021.00 General Operational		•	
Manager (IBC)	1	26	\$3,120.00
17-3013.00 Mechanical Drafter	2	20	#2 700 00
(IBC) 17-3012.02 Electrical Drafter	2	30	\$2,700.00
(IBC)	1	17	\$1,530.00
(IDO)		11	\$1,550.00
Total this page	8	311	39840
Grand Total	8	311	\$39,840.00
Name of person who prepared this rep	ort: Andrew Llaros	Z	
Preparer's Signature:			
Title: Associate		Phone #: 585-341-3	170
Date Prenared: 5/13/21			

OSC Use Only:	
Reporting Code:	
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# State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: <u>SU</u>	JNY Upstate Medical	University	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	Chiversity Agend	cy Code: 28110
Contract Term: <u>01/15/2021</u> to	07/24/2022		
Contractor Name: Duvyer Architectus	mal TTC		
Contractor Address: 120 F Washing	ton C4 C '4 000 C	acuse, NY 13202	
Description of Services Being Provide	ed 151067/1112.2 U	UH IR Suite Renovation	ons (19-101)
			(1)-101)
Scope of Contract (Choose one that	host fits).		
Analysis Evaluati		1	
Data Processing	Computer Programm	arch [	Training [
Engineering Architect Serv	ices Surva		IT consulting
Health Services [_]	Mental H	ealth Services	nmental Services
Accounting Auditing	Paralegal	Legal	Other Co. 111 C
		Legar [_]	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
- <del>-</del> <del>-</del>	Employees	Worked	Under the Contract
17-1011.00 Architects, Except andscape and Navel			Shaor the Contract
7-3011.01 Architectural Drafters	2	144.50	\$10,000.00
The state of the s	1	97.75	\$3,026.00
Total this page	3	242.25	\$12,000,00
Grand Total	3	242.25	\$13,026.00
omo of			\$13,026.00
ame of person who prepared this repor	rt: Kristen Zdrojewsk	<u>ki</u>	
reparer's Signature:			·

Date Prepared: <u>04/28/2021</u>

Title: Office Manager

Use additional pages if necessary)

Phone #: <u>315.473.1800</u>

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Reporting Code:	
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State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021	
Contracting State Agency Name: SUNY Upsate Medical University Contract Number: T550294 Contract Term: 01/15/2021 to 07/24/2022 Contractor Name: Ravi Engineering & Land Surveying, P.C. Contractor Address: 2110 S. Clinton Ave, Suite 1; Rochester, New York 14618 Description of Services Being Provided: 151067/1112.2 UUH IR Suite Renovations (19-101)	Agency Code: 28110
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
17-2051.00 Civil Engineering			
17-3022.00 Civil Engineer Technician	1	77.00	\$5,950.56
17-2081.00 Environmental Engineer	1	10.00	\$993.60
17-3025.00 Environmental Engineer Technican	2	54.75	\$2,500.56
17-3019.00 Drafter		**************************************	
Total this page	4	141.75	\$9,444.72
Grand Total	4	141.75	\$9,444.72

Name of person who	prepared this report:	Laura Murr	ray	
Preparer's Signature:	Laure	n Murray		
		Phone #:	(585) 697-2830	
Date Prepared:	4/30/2021			

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021				
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550294  Contract Term: 01/15/2021 to 07/24/2022  Contractor Name: Trophy Point, LLC  Contractor Address: 4588 South Park Avenue, Blasdell, NY 14219  Description of Services Being Provided 151067/1112.2 UUH IR Suite Renovations (19-101)				
	****			
Scope of Contract (Choose one that best fits):  Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
13-1051.00	4	23	\$4,511.00	
Total this page Grand Total				
Name of person who prepared this rep	ort: Peter Trzybinsk	i		
Preparer's Signature: Peter Trzybinski				
Title: Director of Finance Phone #: 716-823-0006				
Date Prepared: <u>5/3/2021</u>				
Use additional pages if necessary)			Page 1 of 1	

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Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021				
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110				
Contract Number: T550294	0.010.110.000			
Contract Term: <u>01/15/2021</u> to	07/24/2022			
Contractor Name: IBC Engineering P				
Contractor Address: 3445 Winton Pla				
Description of Services Being Provide	d 151067/1112.2 UU	JH IR Suite Renovation	ıs (19-101)	
Scope of Contract (Choose one that				
Analysis 🗌 🔃 Evaluation	on 🗌 Resea	rch 🔲	Training	
Data Processing	Computer Programm		IT consulting	
Engineering Architect Serv		ing Environ	nmental Services	
Health Services	Mental He	alth Services [		
Accounting Auditing	Paralegal 🗌	Legal 🔲	Other Consulting	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
17-2141.00 Mechanical Engineer	2	220	221 252 22	
(IBC)	3	230	\$31,050.00	
17-3023.00 Electrical Engineer	4		010.400.00	
(IBC)		90	\$12,150.00	
11-1011 CEO	1	16	\$2,880.00	
11-1021.00 General Operational	_	40		
Manager (IBC)	1	43	\$5,160.00	
17-3013.00 Mechanical Drafter				
(IBC)	2	85	\$7,650.00	
17-3012.02 Electrical Drafter	_			
(IBC)	1	36	\$3,240.00	
- International Control of the Contr				
A STATE OF THE STA				
Total this page	9	500	62130	
Grand Total	9	500	\$62,130.00	
			<u> </u>	
Name of person who prepared this repo	ort: Andrew J Jaros	Z		
Preparer's Signature:				
Title: Associate		Phone #: <u>585-341-</u>	- 3170	
Date Prepared: <u>5/13/21</u>				

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550295  Contract Term: 11/10/2020 to 01/09/22  Contractor Name: HOLT Architects, PC  Contractor Address: 619 W State Street, Ithaca NY 14850  Description of Services Being Provided Design & Construction				
Scope of Contract (Choose one that best fits):  Analysis				
Employment Category  17-2071.00  17-3011.00  13-1051.00  11-9041.00  11-1011.00	Number of Employees  2  2  1  3	Number of Hours Worked 18 175 0 15	Amount Payable Under the Contract \$1,742.40 \$11,521.83 \$53.74 \$1,942.60 \$852.17	
17-2141.00 11-9041.00 43-9199.00 19-2041.00 19-5011.00	3 1 1 2 2	33 11 2 10 12	\$3,837.50 \$1,943.50 \$207.50 \$1,033.20 \$720.00	
Total this page Grand Total	18	280.5 280	\$23,854.44 \$23,854.44	
Name of person who prepared this report. Allison L. Short  Preparer's Signature:  Title: Business Manager  Phone #: 607-273-7600 Ext. 155  Date Prepared: 5//11/2021				

Use additional pages if necessary)

Page 1 of 1

OSC Use Only:	
Reporting Code:	
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## **State Consultant Services** Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550301  Contract Term: 12/18/2020 to 03/13/2022  Contractor Name: Dwyer Architectural, LLC_  Contractor Address: 120 E Washington Ave, Suite 822 Syracuse NY 13202_  Description of Services Being Provided 1247 UCH 3 E Hemodialysis Unit (20-032)					
Scope of Contract (Choose one that best fits):  Analysis					
Employment Category	Number of	Number of Hours	Amount Payable		
17-1011.00 Architects, Except Landscape and Navel         2.00         74.50         \$8,204.00           17-3011.01 Architectual Drafters         3.00         346.50         \$9,386.50					
Total this page 5.00 421.00 \$17,590.50					
Grand Total 5.00 421.00 \$17,590.50  Name of person who prepared this report: Kristen Zdrojewski  Preparer's Signature					
Title: Office Manager	7	Phone #: 315.473.18	300		
Date Prepared: <u>0428/2021</u>					
Use additional pages if pagesony)					

OSC Use Only:	
Reporting Code:	
Category Code:	

#### State Consultant Services **Contractor's Annual Employment Report** Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University

Agency Code: 28110

Contract Number: T550301

Contract Term: 12/18/2020 to 03/13/2022

Contractor Name: Watts Architecture & Engineering

Contractor Address: 95 Perry Street, Suite 300, Buffalo, NY 14203

Description of Services Being Provided: 1247 UCH 3 E Hemodialysis / 20-032

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 Note: Use the Tab key to navigate through the table portion of the form to ensure that the formulas calculate correctly. **Employment Category** Amount Payable Under the Number of Employees Number of Hours Worked 17-1011.00 Architects, Except Contract Landscape & Navai 17-2081.00 Environmental 7.00 554.28 Engineers 36.50 3,512.50 17-2141.00 Mechanical Engineers 111.50 11,957.95 17-3011.00 Architectural and Civil Drafters 3.75 259.15 17-3027.00 Mechanical Engineering Technicians 10.00 844.06 0.00 0.00 Total this page 168.75 17,127.94 **Grand Total** 6 168.75 17,127,94

Preparer's Signature: Linda Butt	Linda Butcher		
Title: Sr. Project Accountant	Phone #:	(716) 206-5128	
4/20/2021		(1.10) 200 0120	
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Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

## **State Consultant Services** Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: T550301 Contract Term: <u>12/18/2020</u> to 03/13/2022 Contractor Name: Trophy Point, LLC\_ Contractor Address: 4588 South Park Avenue, Blasdell, NY 14219 Description of Services Being Provided 1247 UCH 3 E Hemodialysis Unit (20-032)\_

S. C. C.			
Scope of Contract (Choose one that Analysis	ion  Resea Computer Programm vices  Surve Mental Ho	ying Enviro	Training  IT consulting  Inmental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
No work performed			
		<del></del>	
Total this page			
Grand Total			
Name of person who prepared this repo	ort: <u>Peter</u> Trzybinski		

reame of person who prepared this report: Peter Trzybinski	
Preparer's Signature: Peter Trzybinski	
Title: <u>Director of Finance</u>	Phone #: 716-823-0006
Date Prepared: <u>4/30/2021</u>	

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Reporting Code:	
Category Code:	

# State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: T550301  Contract Term: 12/18/2020 to 03/13/2022  Contractor Name: IBC Engineering P.C.  Contractor Address: 3445 Winton PI Suite 219 Rochester, NY 14623  Description of Services Being Provided 1247 UCH 3 E Hemodialysis Unit (20-032)					
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing Other  ving Enviror  ealth Services	Training  IT consulting  Immental Services  Other Consulting		
	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
17-2141.00 Mechanical Engineer (IBC)	1	54	\$8,100.00		
17-3023.00 Electrical Engineer (IBC)	1	51	\$6,885.00		
11-1011 CEO (IBC) 1 4 \$720.00					
11-1021.00 General Operational					
Manager (IBC) 1 24 \$2,880.00					
17-3013.00 Mechanical Drafter (IBC) 1 36 \$3,240.00					
17-3012.02 Electrical Drafter (IBC)	1	16	\$1,440.00		
Total this page	6	185	23265		
Grand Total	6	185	\$23,265.00		
Name of person who prepared this report: Andrew J Jarosz  Preparer's Signature:					
Title: Associate					
Date Prepared: <u>5/13/21</u>					

OSC Use Only:	
Reporting Code:	
Category Code:	

## **State Consultant Services** Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUN Contract Number: T-550304 Contract Term: 01/15/2021 to Contractor Name: HOLT Architects, Contractor Address: 619 W State Stre Description of Services Being Provide	04/10/2022 PC et, Ithaca NY 14850_		
Scope of Contract (Choose one that Analysis	on ☐ Resear Computer Programm ices ⊠ Survey Mental He	ing  Other Other ing  Envirored Envirored The Services	Training  IT consulting  Immental Services  Other Consulting
Employment Category  173011.00  11-1011.00  17-2071.00	Number of Employees  2 1 2	Number of Hours Worked 99 2 14	Amount Payable Under the Contract \$6,730.02 \$425.16 \$778.80
17-3025.00 17-2141.00 11-9041.00	1 1	9 5 3	\$680.40 \$678.50 \$522.00
Total this page Grand Total	8 8	132.00 132	\$9,814.88 \$9,814.88
Name of person who prepared this report: Allison L. Short  Preparer's Signature:			
Title: Business Manager  Date Prepared: 5//11/2021		Phone #: <u>607-273-</u>	7600 Ext. 155
TT 131/1 1 10 1			D 4 C 4

FORM B		OSC Use Only: Reporting Code: Category Code: Date Contract Approved:	
Don		Employment Report	
Kebi	orting Period. April 1	, 2020 to March 31, :	2021
State Agency Name: Contract No.: PO No. 056016 Contract Term: Contractor Name: Popli, Archite Contractor Address: 555 Penbr Description of Services Being F	ooke Drive; Penfield, New		
Scope of Contract (Choose one Analysis Data Processing Engineering Health Services Auditing	that best fits):  Evaluation  Computer Programmi  Architect Services  Mental Health Service  Paralegal	Surveying	☐ Training ☐ Other IT Consulting ☐ Environmental Services ☐ Accounting ☐ Other Consulting
Employment Category	Number of Employees	Number of hours worked	Amount Payable Under the Contract
17-2141.00	2	97.75	\$6,146
17-3023.00	1	3.50	\$225
Total this page	3	101.25	\$6,371
Grand Total	3	101.25	\$6,371
Name of person who prepared the Preparer's Signature: Title: Date Prepared:	his report:	Jamie Bostian  Accountant III  May 7, 2021	
Use additional pages, if necessary)  Page 1 o			

OSC Use Only:	
Reporting Code:	
Category Code:	

## **State Consultant Services** Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUN	NY Upstate Medical U	niversity Agency	Code: 28110
Contract Number: PO 95613			
Contract Term: <u>03/23/2020</u> to			
Contractor Name: HOLT Architects,	PC	1000 to 110 to 100 to 1	
Contractor Address: 619 W State Stre	et, Ithaca NY 14850_		
Description of Services Being Provide	d Design & Construc	ction	
		and or the control of the street, and the stre	
Scope of Contract (Choose one that	best fits):		
Analysis Evaluation		rch 🗌	Training [
	Computer Programmi		IT consulting
Engineering Architect Serv		<u> </u>	mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal [		Other Consulting 🔲
Employment Catagon	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
17-3011.00	2	142	\$13,420.00
11-9041.00	1	7	\$910.00
17-2141.00	4	155	\$14,988.50
11-9041.00	1	11	\$1,859.00
17-2071.00	3	30	\$4,707.00
43-9199.00	1	0	\$45.00
		· 	
<u>                                      </u>			
<u> </u>			
	1.5		405.000.50
Total this page	12	345.5	\$35,929.50
Grand Total	12	345	\$35,929.50
Name of person who prepared this rep	ort: Allison L. Short		
Preparer's Signature:	XShort		<del></del>
Title: Business Manager		Phone #: 607-273-	- 7600 Evt 155
<del>-</del>	· · · · · · · · · · · · · · · · · · ·	FIIOHE #. 001-213-	7000 LAL 100
Date Prepared: <u>5//11/2021</u>			
TT 1.1'4' 1 'C \			D 4 C 4

#### FORM B

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OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021 Agency Code: 28110 Contracting State Agency Name: SUNY Upstate Medical University Contract Number: 503864 6/30/2020\_ Contract Term: 7/1/2015 to Contractor Name: Pediatric Service Grouip, LLP\_ Contractor Address: 750 East Adamst Street, Syracuse NY 13210 Description of Services Being Provided Pediatric Designated AIDS Center (PDAC) Physician Clinical Services Scope of Contract (Choose one that best fits): Training 🔲 Research [ Evaluation Analysis 🔲 Other IT consulting Computer Programming Data Processing Environmental Services Architect Services Surveying [ Engineering \_\_\_ Mental Health Services Health Services 🔀 Other Consulting .... Paralegal 🔲 Legal 🔙 Auditing [ Accounting ... Amount Payable Number of Number of Hours Employment Category Worked Under the Contract **Employees** \$18,89<u>3.75</u> 156 29-1221.00 156 \$18,893.75 1 Total this page 1 156 \$18,893.75 Grand Total Name of person who prepared this report: Farrah McMahon Preparer's Signature: Phone #: 315-464-5450 Title: Practice Administrator Date Prepared: 05/13/2021

Use additional pages if necessary)

Page 1 of 1

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2020 to March 31, 2021				
6/30/2020 rouip, LLP_ Street, Syracuse NY 1	3210	Code: 28110		
Computer Programmi	ng  Other ing  Enviror alth Services	Training  IT consulting  Immental Services  Other Consulting		
Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
6	3,120	\$315,637.50		
6	3,120	\$315,637.50		
		\$315,637.50 		
	Y Upstate Medical Upstate Medical Upstate Medical Upstate Medical Upstate Number of Employees  6 6 6 6	Y Upstate Medical University   Agency		

#### FORM B

OSC Use Only:
Reporting Code:
Category Code:

Report Period: April 1, 2020 to March 31, 2021					
Contracting State Agency Name: SUN Contract Number: 503883 Contract Term: 7/1/2016 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adamst Description of Services Being Provide	6/30/2020 rouip, LLP_ Street, Syracuse NY	13210	Code: 28110		
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey	ing Other ring Environ ealth Services	Training  IT consulting  Immental Services  Other Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
29-1221.00	1	520	\$69,472.49		
		100			
A STATE OF THE STA					
		520	\$69,472.49		
Total this page Grand Total	1	520 520	\$69,472.49		
Name of person who prepared this rep Preparer's Signature:	ort: <u>Farrah McMaho</u>	eper-			
Title: Practice Administrator		Phone #: <u>315-464</u>	-5450		
Date Prepared: 05/13/2021  Use additional pages if necessary)		•	Page 1 of 1		

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2020 to March 31, 2021				
Contracting State Agency Name: SUN Contract Number: 503924 Contract Term: 11/1/2015 to Contractor Name: Pediatric Service Gontractor Address: 750 East Adamst Description of Services Being Provide	10/31/2020 rouip, LLP	13210	Code: 28110	
Scope of Contract (Choose one that Analysis	on Resear Computer Programmi ices Survey Mental He	ing Other ring Environ ealth Services	Training  IT consulting  Immental Services  Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1221.00	1	1,213	\$144,124.17	
Total this page	1	1,213	\$144,124.17	
Name of person who prepared this reperence of Signature:	/	1,213 Then	\$144,124.17	
Title: Practice Administrator		Phone #: 315-464	5450	
Date Prepared: 05/13/2021  Use additional pages if necessary)			Page 1 of 1	

### FORM B

OSC	Use	Onl	y:		
Repo	rting	Cod	e:		
Cateo	orv	Code	20		

Contracting State Agency Name :	SUNY Upstate Medical U	<u>Jniversity</u> Agency	/ Code: 28110
Contract Number: <u>503953</u>	to 6/30/2020		
Contract Term: <u>7/1/2015</u> Contractor Name: Pediatric Servic			
Contractor Name: Pediatric Servic		13210	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Description of Services Being Prov	vided Medical Direction	of Pediatric Designate	d AIDS Center
PDAC) Program			<del>-</del> · · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
	The state of the s		
Scope of Contract (Choose one the		rch	Training
Analysis	Computer Programm	<u>—</u>	IT consulting
	Services Survey		nmental Services
Tealth Services ⊠	Mental He	ealth Services	
Accounting Auditing		· · · =	Other Consulting
7. Cooking E.		<b>_</b> -	
Employment Cotogon	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contrac
29-1221.00	1	130	\$19,205.00
,,			
Total this page	1	130	\$19,205.00
	1 1	130	\$19,205.00
Grand Total	1	130	3 (9,203.00
Name of person who prepared this	report: <u>Farrah McMaho</u>	n /	Contract of the Contract of th
Preparer's Signature:	1/	1MIL	
· — — —	V CON VICTOR	W	
Title: Practice Administrator		Phone #: <u>315-464-</u>	-5450
Date Prepared: <u>05/13/2021</u>			
Use additional pages if necessary)			Page 1 of 1

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Per	riod: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUN	NY Upstate Medical U	University Agency	Code: <u>28110</u>
Contract Number: 503962	6/30/2020		
Contract Term: 7/1/2015 to Contractor Name: Pediatric Service C			
Contractor Address: 750 East Adams		13210	
Description of Services Being Provide Services	d Pediatric Ambulat	ory Infusion and Trans	fusion Physician
		3,000	- N-1N-4N-
Scope of Contract (Choose one that Analysis Evaluati Data Processing Engineering Architect Serv Health Services	on Resea Computer Programm rices Survey Mental He	ing  Other ying  Enviro ealth Services	Training   IT consulting   nmental Services   Other Consulting
Accounting Auditing	Paralegal 🗌		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00		10 W MAR	\$90,415.75
Contract is based on billable volume, not FTEs			
			A ALL AND POP TO
			\$00 A15 75
Total this page			\$90,415.75
Mame of person who prepared this re	port: Farrah McMaho		\$90,415.75
Preparer's Signature:  Title: Practice Administrator		Phone #: 315-464	<u>-5450</u>
Date Prepared: 05/13/2021			
Use additional pages if necessary)			Page 1 of 1

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Report Per	iod: April 1, 2020 to	March 51, 2021	
Contracting State Agency Name: SUN	IV Unstate Medical U	niversity Agency	Code: 28110
Contracting State Agency Name 15015	T Opstate Progress		
Contract Term: 7/1/2015to _	6/30/2020		
Contractor Name: Pediatric Service Gi	rouip, LLP		
Contractor Address: 750 East Adamst	Street, Syracuse NY	13210	- Matira Carrains
Description of Services Being Provided	d Pediatric Antibiotic	Stewardship and Cons	sultative Serveics_
	·· 		
a control (Character that I	hort Stell		
Scope of Contract (Choose one that I Analysis	on Resear	reh 🗍	Training 🔲
	Computer Programmi		IT consulting 🔲 🔃
Engineering Architect Servi			mental Services 🔲 👚
Health Services	Mental He	alth Services 🔲	
Accounting Auditing	Paralegal 🔲	Legal 🗌	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	52	\$7,930.00
			<u> </u>
		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
1		144	
14 100 T			
Total this page	1	52	\$7,930.00
Grand Total	1	52	\$7,930.00
Giano Iolai			
Name of person who prepared this rep	ort: <u>Farrah McMaho</u>	$\frac{n}{\sqrt{2}}$	,
Proparer's Signature:	10 VULVIV	yu~	_
Title: Practice Administrator		Phone #: 315-464	-5450
Date Prepared: 05/13/2021			
Use additional pages if necessary)			Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Peri	od: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUN Contract Number: 504051 Contract Term: 7/1/2015 to _ Contractor Name: Pediatric Service Gr Contractor Address: 750 East Adamst Description of Services Being Provided	6/30/20 rouip, LLPStreet Suracuse NV	13210	Code: 28110
Scope of Contract (Choose one that I Analysis	on	ing  Other ring  Environath Services	Training   IT consulting   nmental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked 104	Amount Payable Under the Contract \$11,756.75
29-1221.00	1	104	\$11,756.75
Total this page Grand Total	1	104	\$11,756.75
Name of person who prepared this representation Preparer's Signature:  Title: Practice Administrator  Date Prepared: 05/13/2021  Use additional pages if necessary)	port: Farrah McMaho	Phone #: 315-464	1-5450 Page 1 of 1

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUI Contract Number: 504052 Contract Term: 7/1/2015 to Contractor Name: Pediatric Service C	6/30/2020 Grouip, LLP		Code: <u>28110</u>
Contractor Address: 750 East Adams Description of Services Being Provide	t Street, Syracuse NY ed Medical Direction	13210 of Pediatric Respirator	y Therapy Program
Scope of Contract (Choose one that	hest fits):		
Analysis Evaluate  Data Processing  Engineering Architect Services  Health Services  Accounting Auditing	on Resea Computer Programm vices Survey Mental He	ing Other ring Environ calth Services Legal	Training  Training  Training  Training  The consulting  The co
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	52	\$9,081.00
1,000		TI	
- Address	1 1000		JAN .
	1.00		11.00
- Lug-			
		-	
Total this page	1	52	\$9,081.00
Grand Total	1	52	\$9,081.00
Name of person who prepared this re Preparer's Signature:	port: Farrah McMaho UUU	she	
Title: Practice Administrator		Phone #: 315-464	-5450
Date Prepared: <u>05/13/2021</u>			
Use additional pages if necessary)			Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 504057 Contract Term: 7/1/2016 to Contractor Name: Pediatric Service Gr Contractor Address: 750 East Adamst Description of Services Being Provided Center (UPAC)	_6/30/2021 ouip, LLP_ Street, Syracuse NY I I Medical Director of	3210	Code: 28110
Scope of Contract (Choose one that It Analysis	on	ng  Other ing  Enviro alth Services   Legal	Training  IT consulting  Immental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	624	\$85,422.00
		1.00	
Total this page	1	624	\$85,422.00
Grand Total	1	624	\$85,422.00
Name of person who prepared this rep Preparer's Signature:	ort: Farrah McMaho	Phone #: <u>315-464</u>	-5450 <u> </u>
Date Prepared: <u>05/13/2021</u>			
Use additional pages if necessary)			Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Report Per	riod: April 1, 2020 to	March 31, ZUZT	
Contracting State Agency Name: SUI	NY Upstate Medical U	University Agency	Code: 28110
Contract Number: 504059			
Contract Term: <u>7/1/2016</u> to	6/30/2021		
Contractor Name: Pediatric Service C			
Contractor Address: 750 East Adams			
Description of Services Being Provide	ed Medical Director of	of Upstate Pediatrics Pro	ogram
	,		
Scope of Contract (Choose one that		. 🗆	
Analysis Evaluati			Training
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			mental Services 🗌
Health Services ⊠ Accounting ☐ Auditing ☐	Paralegal	ealth Services 🔲 Legal 🔲	Other Consulting
Accounting	гагатецат [	i`c≅a≀ [_]	Other Constituting []
F1	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00 1 104 \$7,387.00			
			**************************************
,			
		W	
			,
			4= 0= 00
Total this page	Ì	104	\$7,387.00
Grand Total	1	104	\$7,387.00
Name of person who prepared this rep	ort: Farrah McMahor	1/-	
Preparer's Signature:	UVILVIA	1/U	_
Title: Practice Administrator	<del>*</del>	Phone #: 315-464-	5450
Date Prepared: <u>05/13/2021</u>			
Use additional pages if necessary)			Page 1 of 1

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 504060 Contract Term: 7/1/2016 to Contractor Name: Pediatric Service Gontractor Address: 750 East Adamst Description of Services Being Provide	6/30/2021 frouip, LLP Street, Syracuse NY	13210	Code: <u>28110</u>
Scope of Contract (Choose one that Analysis	on Reseat Computer Programmices Survey	ing  Other ving  Environealth Services	Training  Training  IT consulting  mental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	166	\$23,241.00
		1	1
Total this page	1	166	\$23,241.00
Grand Total	1	166	\$23,241.00
Name of person who prepared this rep Preparer's Signature: Title: Practice Administrator	port: Farrah McMahon	0 <b>Uh</b> Phone #: <u>315-464-</u>	5450
Date Prepared: 05/13/2021  Use additional pages if necessary)			Page 1 of 1

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Peri	od: April 1, 2020 to	March 31, 2021	
			C+4+ 28110
Contracting State Agency Name: SUN	<u>Y Upstate Medical Ut</u>	niversity Agency	Code: <u>28110</u>
Contract Number: 504088			
Contract Term: <u>7/1/2016</u> toto	6/30/2021		
Contractor Name: Pediatric Service Gr	ouip, LLP	2210	
Contractor Address: 750 East Adamst	Street, Syracuse NY 1	.3210	
Description of Services Being Provided	Provider Based Cit	nical Services	
Scope of Contract (Choose one that l	est fits):		
Analysis Evaluation	n Resear		Training
Data Processing	Computer Programmi		IT consulting 🔲
Engineering Architect Servi		ing Enviror	nmental Services 🔲 📗
Health Services		alth Services	_
Accounting Auditing	Paralegal 🛄	Legal 🔲	Other Consulting
Accounting	پ		
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	11	23,972	\$282,077.95
29-1171.00	2	2,981	\$35, <u>0</u> 80.01
29-1221.00	20	42,895	\$221,594.43
19-3033.00	3	6,621	\$31,340.08
29-1171.00	3	6,066	\$34,205.45
29-1221.00	5	9,672	\$46,116.96
29-1221.00	4	7,677	\$34,708.66
29-1171.00	3	6,240	\$28,208.30
29-1221.00	5	9,186	\$191,073.96
29-1221.00			
Total this page	56	115,310	\$904,405.80
Grand Total	56	115,310	\$904,405. <u>8</u> 0
Grand Total			
Name of person who prepared this re	ort: <u>Farrah McMaho</u>	n	
/	101/11/11	a Ma	
Preparer's Signature:	CX A POWENTY		— 
Title: Practice Administrator		Phone #: <u>315-464</u>	-5450
Date Prepared: <u>05/11/2021</u>			Dogg 1 of 1
Use additional pages if necessary)			Page 1 of 1

## FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 504488 Contract Term: 4/1/2018 to Contractor Name: Pediatric Service Grant Contractor Address: 750 East Adamst Description of Services Being Provided	3/31/2021 rouip, LLP Street, Syracuse NY 1	3210	Code: 28110
Scope of Contract (Choose one that I Analysis	on ∐ Rescar Computer Programmi ices ☐ Survey	ng  Other ing  Environalth Services  Legal	Training  IT consulting  Imental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	4	8,320	\$1,461,478.00
Total this page Grand Total	4	8,320 8,320	\$1,461,478.00
Name of person who prepared this representations:  Title: Practice Administrator  Date Prepared: 05/13/2021  Use additional pages if necessary)	port: Farrah McMaho		

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Per	iod: April 1, 2020 to	March 31, 2021	
			Code: 28110
Contracting State Agency Name : SUN	Y Upstate Medical Of	niversity Agency	Code. <u>20110</u>
Contract Number: 504612	3/31/2023	•	
Contractor Name: Pediatric Service G	Street Surgause NV 1	3210	
Contractor Address: 750 East Adamst Description of Services Being Provide	Street, Syracuse in 1	ist Pediatric Services Pr	годтати
Description of Services Being Provide	G Chinear rayenoxog	igi i Quidant Strivers	
Scope of Contract (Choose one that	best fits):	_	_ ,
Analysis Evaluati	on ∐ Kesean	· · · · · · · · · · · · · · · · · · ·	Training [_]
Data Processing	Computer Programmi	···	IT consulting [
Engineering Architect Serv	ices 🔲 — Survey	6 🗀	mental Services 🗌
Health Services 🖂		alth Services	0.1 - 0
Accounting Auditing	Paralegal 🗌	Legal 🔲	Other Consulting [
		CIT	Amount Payable
Employment Category	Number of	Number of Hours	Under the Contract
	Employees	Worked 1,560	\$101,340.00
19-3033.00	1	1,360	<u> </u>
		<u> </u>	1
		<u> </u>	
	<u> </u>		
		-	
Total this page	1	1,560	\$101,340.00
	1	1,560	\$101,340.00
Grand Total		- 3	
Name of person who propared this rg	port: <u>Farrah McMaho</u>	n <u>/</u>	
	110. [[] . 1/11 . 1	en ev	
Preparer's Signature	CA: A WASHACE	M/ 1/2 045 464	 E4E0
Title: Practice Administrator		Phone #: <u>315-464</u>	-5450
Date Prepared: 05/13/2021			
•			Page 1 of 1
Use additional pages if necessary)			rage (VI)

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 504626 Contract Term: 12/1/2018 to Contractor Name: Pediatric Service Contractor Address: 750 East Adamst Description of Services Being Provide	11/30/2023 frouip, LLP_ Street, Syracuse NY	13210	Code: 28110
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing  Other ving  Environ alth Services	Training  IT consulting  Immental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	624	\$62,919.00
			A ANY
		AMADA TATA	
Address vers			
			450.010.00
Total this page Grand Total	1 1	624 624	\$62,919.00 \$62,919.00
Name of person who prepared this rep Preparer's Signature:	port: Farrah McMahon	ther	
Title: Practice Administrator		Phone #: 315-464-	5450
Date Prepared: <u>05/13/2021</u>			
Use additional pages if necessary)			Page 1 of 1

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Per	iod: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUN Contract Number: 504806 Contract Term: 11/01/2018 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adamst Description of Services Being Provide Record Committee	10/31/2023 rouip, LLP Street, Syracuse NY I d Medical Director C	13210 Clinical Informatics and	Code: 28110  Chairperson Medical
Scope of Contract (Choose one that Analysis	on Resear Computer Programmi ices Survey	ing  Other ring  Environ alth Services   Legal	Training   IT consulting   Immental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	1,040	\$188,623.00
Total this page	]	1,040	\$188,623.00
Grand Total		1,040	\$188,623.00
Name of person who prepared this representations of Preparer's Signature:  Title: Practice Administrator	' <b></b>	Phone #: <u>315-464</u>	-5450
Date Prepared: 05/13/2021  Use additional pages if necessary)			Page 1 of 1

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

	od: Apr <u>il 1, 2020 to</u>		
Contracting State Agency Name: SUN Contract Number: 504831 Contract Term: 1/1/2019 to Contractor Name: Pediatric Service Gr Contractor Address: 750 East Adamst Description of Services Being Provided	Y Upstate Medical U  12/31/2022  ouip, LLP  Street, Syracuse NY	niversity Agency	Code: 28110  Psychologist
Scope of Contract (Choose one that be Analysis  Evaluation Data Processing  Architect Servious Accounting  Auditing  Auditing	m	ing  Other ring  Environalth Services	Training   IT consulting   Immental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
19-3033.00	1	1,560	\$81,592.00
Total this page	1	1,560	\$81,592.00 \$81,592.00
Mame of person who prepared this rep Preparer's Signature:  Title: Practice Administrator  Date Prepared: 05/13/2021	ort: Farrah McMahor	1,560 n/ Phone #: <u>315-464</u>	

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services

Contractor's Annual Employment Report			
Report Po	eriod: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SU Contract Number: 504877 Contract Term: 7/1/2019 to Contractor Name: Pediatric Service Contractor Address: 750 East Adam Description of Services Being Providence	6/30/2024 Grouip, LLP_ st Street, Syracuse NY	13210	/ Code: 28110
Scope of Contract (Choose one that Analysis	tion	ying Enviror ealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	1,040	\$281,110.00
Total this page	1	1,040	\$281,110.00
Grand Total	1	1,040	\$281,110.00
Name of person who prepared this re Preparer's Signature:  Title: Practice Administrator		n ////////////////////////////////////	-5450
Date Prepared: 05/13/2021			
Use additional pages if necessary)			Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Per	riod: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUR Contract Number: 504878 Contract Term: 9/1/2019 to Contractor Name: Pediatric Service Contractor Address: 750 East Adamst Description of Services Being Provide Center and Pediatric Gastroenterology	NY Upstate Medical L  8/31/2024  brouip, LLP  t Street, Syracuse NY  d Medical Direction	Jniversity Agency	Code: 28110  Multi-Specialty
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey	ing  Other ying  Enviror ealth Services	Training   IT consulting   mental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	728	\$92,527.00
		.,	
0.00000			
	****		
Total this page	1	728	\$92,527.00
Grand Total	1	728	\$92,527.00
Name of person who prepared this rap	ort: Farrah McMaho	n <b>/</b>	
Preparer's Signature:	a Julus	W	_
Title: Practice Administrator	¥	Phone #: <u>315-464-</u>	5450
Date Prepared: <u>05/13/2021</u>			
Use additional pages if necessary)			Page 1 of 1

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#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Per	iod: April 1, 2020 to	March 31, 2021	10 to
Contracting State Agency Name: SUN Contract Number: 504944 Contract Term: 10/1/2019 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adamst Description of Services Being Provide	9/30/2022 rouip, LLP_ Street, Syracuse NY	13210	Code: 28110
Scope of Contract (Choose one that Analysis Evaluation Data Processing Engineering Architect Serv Health Services \[ \bigceq \] Accounting Auditing	on Resear Computer Programm ices Survey Mental He	ing ☐ Other ring ☐ Environ ealth Services ☐	Training   IT consulting   nmental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	1,040	\$105,295.00
			311 A 10 A
	A CONTRACT OF THE CONTRACT OF		
	11.00		
	A PAGE 1		
Total this page	1	1,040	\$105,295.00
Grand Total	1	1,040	\$105,295.00
Name of person who prepared this rep Preparer's Signature:	ort: Farrah McMahor	de	<del> </del>
Title: Practice Administrator		Phone #: 315-464-	5450
Date Prepared: 05/13/2021			
Use additional pages if necessary)			Page 1 of 1

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Contrac	Contractor's Annual Employment Report		
Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 505057 Contract Term: 9/1/2018 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adamst Description of Services Being Provide	8/31/2021 rouip, LLP Street, Syracuse NY	13210	Code: 28110
	• "		
Scope of Contract (Choose one that Analysis	on Resea Computer Programmi ices Survey	ing  Other ving  Environ ealth Services	Training  IT consulting  Immedial Services  Immedial Services  Immedial Services  Immedial Services  Immedial Services  Immedian Immedial
Total Control	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	1,257	\$150,135.42
	1 - 1		
			0.10
1014			
10 MM	···		-
		1	
Total this page	1	1,257	\$150,135.42
	1	1,257	\$150,135.42
Grand Total	<u> </u>		
Name of person who prepared this representations of Preparer's Signature:		alu	
Title: Practice Administrator	· · · · · · · · · · · · · · · · · · ·	Phone #: <u>315-464</u>	-5450
Date Prepared: <u>05/13/2021</u>		<del></del> -	
Use additional pages if necessary)			Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

Contractor Name: Pediatric Service Grouip, Contractor Address: 750 East Adamst Street.	2024 LLP Syracuse NY 1	3210	Code: 28110
Description of Services Being Provided Gene			
Engineering Architect Services Health Services	Resear ter Programmi Surveyi	ng  Other I ing  Environ alth Services	Training   [T consulting  mental Services   Other Consulting
E	umber of nployees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	2,080	\$198,360.00
			AND AND THE STREET
Total this page	1	2,080	\$198,360.00
Grand Total	1	2,080	\$198,360.00
Name of person who prepared this report: Fa		M	<u></u>
Title: Practice Administrator	101.00	Phone #: 315-464-	5450
Date Prepared: 05/13/2021  Use additional pages if necessary)			Page 1 of 1

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 505378 Contract Term: 7/1/2019 to Contractor Name: Pediatric Service Gontractor Address: 750 East Adamst Description of Services Being Provide	6/30/2024 frouip, LLP_ Street, Syracuse NY	13210	Code: 28110
Scope of Contract (Choose one that Analysis Evaluation Data Processing Architect Services Health Services Accounting Auditing Auditing	on	ing  Other ring  Environ ealth Services   Legal	Training   IT consulting   mental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	65	8,760	\$109,500.00
	141901	144 144 144 144 144 144 144 144 144 144	
			- LAM JACOUR
Total this page	65	8,760	\$109,500.00
Grand Total	65	8,760	\$109,500.00
Name of person who prepared this reperence of person who prepared this reperence of the prepared this prepared the prepared this prepared the	port: Farpal/McMahor	Phone #: 315-464-	 5450
Date Prepared: 05/13/2021	111111111111111111111111111111111111111	- <u> </u>	
Use additional pages if necessary)			Page 1 of 1

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Peri	iod: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUN Contract Number: 505379 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Grant Contractor Address: 750 East Adamst Description of Services Being Provided Services	6/30/2025 rouip, LLP	13210	Code: 28110
Scope of Contract (Choose one that I Analysis  Evaluation Data Processing  Architect Services  Accounting  Auditing  Auditing	on Resear Computer Programmi ices Survey	ing  Other ring  Environ ralth Services	Training  IT consulting  Immental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00 Contract is based on billable volume, not FTEs			\$243,393.75
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1186.
	1000		
Total this page			\$243,393.75
Grand Total			\$243,393.75
Name of person who prepared this rep Preparer's Signature:  Title: Practice Administrator  Date Prepared: 05/13/2021	. M. 1/11 1/11	n <b>M</b> Phone #: <u>315-464</u>	-5450
Use additional pages if necessary)			Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 505380 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service G	IY Upstate Medical U  6/30/2025  rouip, LLP  Street Syracuse NY	niversity Agency	Code: 28110
Description of Services Being Provide Services		ed AIDS Center (PDAC	) Friystelan Chinear
Scope of Contract (Choose one that Analysis Evaluation Data Processing Architect Serv Health Services Accounting Auditing Auditing	on Rescar Computer Programm ices Survey Mental He Paralegal	ing  Other I ving  Environ ealth Services   Logal	Training  Traini
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	2	468	\$65,782.50
Total this page	2	468	\$65,782.50
Grand Total	2	468	\$65,782.50
Name of person who prepared this rep Preparer's Signature:	oort: Farrah McMaho	n MM- Phone #: 315-464-	 
Title: Practice Administrator  Date Prepared: 05/13/2021		Pnonc #: <u>313-454-</u>	D 4 6 4

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Peri	od: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUN Contract Number: 505382 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Gr Contractor Address: 750 East Adamst Description of Services Being Provided Consultative Services Program	6/30/2025 rouip, LLP Street, Syracuse NY	13210	Code: 28110 Stewardship and
Scope of Contract (Choose one that It Analysis	on Resea Computer Programm ces Survey	ing  Other ring  Environ ealth Services	Training   IT consulting   nmental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	156	\$27,173.25
Total this page Grand Total	1	156 156	\$27,173.25 \$27,173.25
Name of person who prepared this report Preparer's Signature:  Title: Practice Administrator  Date Prepared: 05/13/2021	ort: Farrah McMahoi	Phone #: <u>315-464</u>	
Use additional pages if necessary)			Page 1 of 1

### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Peri	od: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUN Contract Number: 505383 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Gr Contractor Address: 750 East Adamst Description of Services Being Provided (PDAC) Program	6/30/2025 rouip, LLP Street, Syracuse NY 1 Medical Direction	13210	Code: 28110  AIDS Center
Scope of Contract (Choose one that I Analysis	on Resea Computer Programm ices Survey Mental He	ing	Training   IT consulting   mental Services   Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00		390	\$67,932.75
Total this page	1	390	\$67,932.75
Grand Total	1	390	\$67,932.75
Name of person who prepared this rep Preparer's Signature: Title: Practice Administrator Date Prepared: 05/13/2021	ort Fayrah McMaho	Phone #: <u>315-464</u>	-5450
Use additional pages if necessary)	•		Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Perio	od: April 1, 2020 to	March 31, 2021	
Contracting State Agency Name: SUN			Code: 28110
Contracting State Agency Name: SON. Contract Number: 505385	r_opstate ividuicar or		
Contract Number: <u>303383</u> Contract Term: <u>7/1/2020</u> toto	6/30/2025		
Contractor Name: Pediatric Service Gre			
Charten at Addresser 750 East Adamst 5	Street Syracuse NY 1	3210	
Description of Services Being Provided	Medical Direction	of Pedatric Infection C	Control Program
Scope of Contract (Choose one that h	est fits):	h 🗀	Training
Analysis Evaluatio	n 🔲 Resear Computer Programmi		IT consulting
		<u></u>	nmental Services
		alth Services	
Health Services ⊠  Accounting ☐ Auditing ☐	Paralegal [	<u></u>	Other Consulting
Accounting			
2	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	312	\$34,529.25
	<u></u> ,		
	W T		
Total this page	1	312	\$34,529.25
Grand Total	-1	312	\$34,529.25
Name of person who prepared this rep	ort: Farrah McMahor	<u> </u>	
Preparer's Signature:	1 <i>0</i> 0 VUNVU	an _	_
Title: Practice Administrator		Phone #: <u>315-464</u>	-5450
Date Prepared: 05/13/2021			
II dditional magas if magasany)			Page 1 of 1

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Reporting Code:	
Category Code:	

## State Consultant Services

Contractor's Annual Employment Report				
Report Per	iod: April 1, 2020 to	March 31, 2021		
Contracting State Agency Name: <u>SUN</u> Contract Number: <u>505388</u> Contract Term: <u>7/1/2020</u> to Contractor Name: Pediatric Service G Contractor Address: 750 East Adamst Description of Services Being Provide	6/30/2025 rouip, LLP Street, Syracuse NY	13210	Code: <u>28110</u>	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing  Other : /ing  Enviror ealth Scrvices	Training  IT consulting  Imental Services  Other Consulting	
Employment Category	Number of	Number of Hours	Amount Payable	
29-1221.00 (FTEs)	Employees 6	Worked 9,360	Under the Contract \$998,136.75	
Total this page	6	9,360	\$998,136.75	
Grand Total	6	9,360	\$998,136.75	
Name of person who prepared this report of Preparer's Signature:  Title: Practice Administrator  Date Prepared: 05/13/2021	Ports Farrah McMaho	p /// Phone #: <u>315-464-</u>	5450	
Use additional pages if necessary)			Page 1 of 1	

OSC Use Only:	
Reporting Code:	
Category Code:	

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021			
Contracting State Agency Name: SUN Contract Number: 504875 Contract Term: 7/1/2019 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adamst Description of Services Being Provide	6/30/2021 rouip, LLP Street Syracuse NY	13210	Code: 28110  Pediatrics Program
Scope of Contract (Choose one that Analysis	on	ing  Other I ring  Environ alth Services   Legal	Training  IT consulting  Imental Services  Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
19-3039.00		312	\$44,887.00
Total this page	1	312	\$44,887.00
Grand Total	11	312	\$44,887.00
Name of person who prepared this ter Preparer's Signature:  Title: Practice Administrator	Port: Farrah McMaho	M Phone #: <u>315-464</u>	5450
Date Prepared: <u>05/13/2021</u>			Page 1 of 1

Use additional pages if necessary)

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

Report Period: April 1, 2020 to March 31, 2021

Scope of Contract (Choose one that best fits):  Analysis
Employment Category         Employees         Hours Worked         Under the Contract           17-1011.00         1.00         14.00         \$1,265.6           0.00         0.00         0.00         \$0.0           0.00         0.00         0.00         \$0.0           0.00         0.00         \$0.0         \$0.0
0.00         0.00         \$0.0           0.00         0.00         \$0.0           0.00         0.00         \$0.0
0.00         0.00         \$0.0           0.00         0.00         \$0.0
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0.00 0.00 \$0.0
0.00 0.00 \$0.0
Total this Page 1.00 14.00 \$1,265.6
Grand Total         1.00         14         \$1,265.6

(Use additional pages, if necessary)

Date Prepared: 05/13/2021

OSC Use Only:	
Reporting Code:	•
Category Code:	

## **State Consultant Services** Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110  Contract Number: PO 956110  Contract Term: 03/24/2020 to  Contractor Name: HOLT Architects, PC  Contractor Address: 619 W State Street, Ithaca NY 14850  Description of Services Being Provided Design & Construction			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Scope of Contract (Choose one that best fits):   Analysis			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-9041.00	1	113	\$18,169.08
17-3011.00	1	23	\$1,602.24
11-1011.00	1	2	\$425.16
17-2141.00	2	52	\$6,186.00
11-9041.00	1	10	\$1,774.50
17-2071.00	2	61	\$9,677.50
43-9199.00	1	0	\$45.00
Total this page	9	261.50	\$37,879.48
Grand Total	9	261	\$37,879.48
Name of person who prepared this report: Allison L. Short  Preparer's Signature:			
Title: Business Manager		Phone #: 607-273-	7600 Ext. 155
Date Prepared: <u>5/11/2021</u>			•
Use additional pages if necessary)			Page 1 of 1