College at Geneseo 3320222

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: SL	JNY Geneseo	Agency Code:	<u>28190</u>
Contract Number: C032018	24/2022		
Contract Term: <u>04/01/2021</u> to <u>03/</u>		in the second	
Contractor Name: McAllister & Quir		Inchington DC 20005	
Contractor Address: 1030 15th Stre			
Description of Services Being Provid	jed. <u>Grant writing ar</u>	iu relateu consulting si	
			······································
		· · · · · · · · · · · · · · · · · · ·	
Scope of Contract (Choose one that			
Analysis 🗌 Evaluation 🗌 Resear			
Data Processing 🗌 Computer Prog		T consulting	
Engineering Architect Services		Environmental Services	
Health Services 🗌 Mental Health Se		u o v 177	
Accounting 🔲 Auditing 🗌 Parale	gal 🗌 🛛 Legal 🗌 O	ther Consulting 🛛	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
		326	the Contract \$96,800
Consulting, Grant Writing, Advocacy	44	520	\$90,000
		······································	
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	· · ·		· · · · · · · · · · · · · · · · · · ·
Total this page	44	326	\$ 96,800.00
Grand Total	44	326	\$ 96,800.00
	· · · · · · · · · · · · · · · · · · ·		
Name of person who prepared this	report: Katherine W	Vhite	
Preparer's Signature:			

Title: Human Resources & Office Administrator

Phone #: _____202-296-2741

Date Prepared: 02/19/2021

Use additional pages if necessary)

Page 1 of 1

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: Sta Contract Number: T000209 Contract Term: 05/20/2020 to / Contractor Name: Popli, Architecture Contractor Address: 555 Penbrooke Description of Services Being Provid Renovation	/ + Engineering + Drive Penfield, N	Agency Business Ur Agency Department LS, DPC IY 14526	ID: 3320222
Scope of Contract (Choose one that b Analysis Evaluation Re	-	ning	
Data Processing Computer Pr		Other IT consulting	
Engineering Architect Service		-	Services
Health Services Mental Health			
Accounting Auditing Pa	aralegal 🗌 Leg	al 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-9041.00	1.00	117.00	\$21,358.81
17-1011.00	1.00	48.50	\$4,957.74
17-3011.00	1.00	2.00	\$129.82
47-4044.00	1.00	43.00	\$3,571.18
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
ाः 	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	4.00	210.50	\$30,017.55
Grand Total	4.00	210	\$30,017.55

Name of person who prepared this report: Krystal Learn

usstal Leven

Title: Accountant I

Preparer's Signature:

Date Prepared: 05/13/2021

(Use additional pages, if necessary)

Phone #: 585-364-1648

FORM B

Contractor's	Annual Em	ultant Services ployment Rep to March 31, 202	
Contracting State Agency Name: Sta Contract Number: T000209 Contract Term: 05/20/2020 to / Contractor Name: Popli, Architecture Contractor Address: 555 Penbrooke Description of Services Being Provid Renovation	/ + Engineering + Drive Penfield, N	Agency Business Ur Agency Department LS, DPC NY 14526	ID: 3320222
Data Processing Computer Processing Engineering Architect Services Health Services Mental Health	search		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Employment Category 11-9041.00			
	Employees	Hours Worked	Under the Contract
11-9041.00	Employees 1.00	Hours Worked 117.00	Under the Contract \$21,358.81
11-9041.00 17-1011.00	Employees 1.00 1.00	Hours Worked 117.00 48.50	Under the Contract \$21,358.81 \$4,957.74
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00	Hours Worked 117.00 48.50 2.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00 \$0.00
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00 \$0.00 \$0.00
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
11-9041.00 17-1011.00 17-3011.00	Employees 1.00 1.00 1.00 3.00 0.00 0.00 0.00 0.00	Hours Worked 117.00 48.50 2.00 58.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$21,358.81 \$4,957.74 \$129.82 \$6,346.18 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Krystal Learn

Instal Level

Title: Accountant I

Phone #: 585-364-1648

Preparer's Signature:

Date Prepared: 05/12/2021

(Use additional pages, if necessary)

AC 3272-S (Effective 4/12)

FORM B

	s Annual Em	Iltant Services ployment Repo to March 31, 202	
Contracting State Agency Name: S Contract Number: T000209 Contract Term: 05/20/2020 to 5 Contractor Name: Applied Bism Contractor Address: P.O. (Bork 19) Description of Services Being Provi Asbestos Robe screvey Scope of Contract (Choose one that Analysis Evaluation F	BÍI21. Dostrem Techon 3; Synachso, ided: <u>was Condue</u> best fits):	Agency Business Ur Agency Department 18/0700 240 974 / 3206	ID: 3320222
Data Processing Computer I Engineering Architect Service Health Services Mental Hea Accounting Auditing I			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable
	Linpicycoo	HOURS WORKED	Under the Contract
17-10.22-	1. D' 0.00	14 0.00	1,469.00 \$0.00
17-10.22-			1,469. D \$0.00 \$0.00
17-10.22-	/. D* 0.00 0.00 0.00	/ ½ 0.00 0.00 0.00	1,469.00 \$0.00 \$0.00 \$0.00
17-10:22-	ノ. ⑦ [*] 0.00 0.00 0.00 0.00	/ ゾ 0.00 0.00 0.00 0.00	1,469.00 \$0.00 \$0.00 \$0.00 \$0.00
17 - 10.22-	ノ. ⑦ [*] 0.00 0.00 0.00 0.00 0.00	/ ゾ 0.00 0.00 0.00 0.00 0.00	1,469. D \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17 - 10:22-	ノ. D* 0.00 0.00 0.00 0.00 0.00 0.00	/ ゾ 0.00 0.00 0.00 0.00 0.00 0.00	13469.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17.10.22.	ノ. ⑦ * 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	/ 4/ 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,469.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17-/0.22-	I.D' 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	/ ダ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	13469.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
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17.10.22-	I.D' 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	/ ダ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	1,469.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17./0.22-	Image: Display line Image:	/ ダ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	13469.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17-/0.22.~	I.D' 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	/ 4/ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,469.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Image: Displayed state Image: Displayed		13469.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17 - /0.22 Total this Page Grand Total	I.D' 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	/ 4/ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,469.00 \$0.00 \$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: Title: Owner - Applied Breastern LLC. Preparer's Signature: 10, Date Prepared: 5 14121

Phone #(315) = 356 - 4737

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(Use additional pages, if necessary)