

**Office of
Children and
Family Services
3400000**

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD
REPORT PERIOD: APRIL 1, 2019 TO MARCH 31, 2020

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contract Number: <u>C027801</u>	
Contract Term: <u>3/1/2016 to 2/28/2021</u>	
Contractor Name: <u>Western New York Speech-Language Pathology, OT and PT Consultants, PLLC</u>	
Contractor Address: <u>590 Fishers Station Dr, Suite 130, Victor, NY 14564</u>	
Description of Services Being Provided: <u>Speech Therapy and Language Development Services</u>	

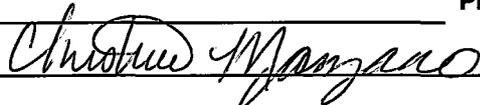
Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
25-2054.00	1	141	\$18,167.50
29-1127.00	1	52	\$6,175.00
Total this page	2	193	\$24,342.50
Grand Total			

Name of person who prepared this report: Christine Marzano

Title: Business Office **Phone #:** 585-924-7207

Preparer's Signature: 

Date Prepared: 4/3/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: *Office of Children and Family Svcs.*
 Contract Number: *C027985* Agency Business Unit: *CFS01*
 Contract Term: *2/1/17 to 12/31/21* Agency Department ID: *3400000*
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Constock Road, Ithaca, N.Y. 14850*
 Description of Services Being Provided:
Comp. Psychiatric Services

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
<i>29.-1066.00</i>	<i>1</i>	<i>178.17</i>	<i>59,847</i>
Total this Page	<i>1</i>	<i>178.17</i>	<i>59,847</i>
Grand Total	<i>1</i>	<i>178.17</i>	<i>59,847</i>

Name of person who prepared this report: *Henry Gerson*
 Title: *President* Phone #: *917-539-0445*
 Preparer's Signature: *[Signature]*
 Date Prepared: *4/13/20*

FORM B

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

Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: *Office of Children and Family Svcs.*

Contract Number: *CØ27987* Agency Business Unit: *CFS01*

Contract Term: *3/1/17 to 12/31/21* Agency Department ID: *3400000*

Contractor Name: *Henry D. Gerson, M.D., P.C.*

Contractor Address: *299 Comstock Rd., Ithaca, NY, 14850*

Description of Services Being Provided:
Comp. Psychiatric Services

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
<i>29-1066.00</i>	<i>1</i>	<i>695.17</i>	<i>234,201</i>
Total this Page	<i>1</i>	<i>695.17</i>	<i>234,201</i>
Grand Total	<i>1</i>	<i>695.17</i>	<i>234,201</i>

Name of person who prepared this report: *Henry Gerson*

Title: *President* Phone #: *917-539-0445*

Preparer's Signature: 

Date Prepared: *4/17/20*

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: *Office of Children and Family Svcs.*
 Contract Number: *C Ø 28156* Agency Business Unit: *CFS01*
 Contract Term: *12/1/19 to 11/30/20* Agency Department ID: *3400000*
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd. Ithaca, NY 14850*
 Description of Services Being Provided:
Comp. Psychiatric Svcs.

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
<i>29-1066.00</i>	<i>1</i>	<i>251.68</i>	<i>93,876</i>
Total this Page	<i>1</i>	<i>251.68</i>	<i>93,876</i>
Grand Total	<i>1</i>	<i>251.68</i>	<i>93,876</i>

Name of person who prepared this report: *Henry Gerson*
 Title: *President* Phone #: *917-539-0445*
 Preparer's Signature: *[Signature]*
 Date Prepared: *5/1/20*
 (Use additional pages, if necessary) Page 1 of 1

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: C028287 Agency Business Unit: CFS01
 Contract Term: 4/1//19 to 3/31/20 Agency Department ID: 3400000
 Contractor Name: Worldwide Travel Staffing, Limited
 Contractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150
 Description of Services Being Provided: Temporary Nursing Services

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

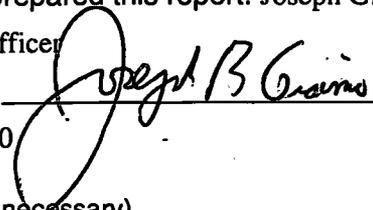
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Temporary Nursing Services	4.00	4,429.55	299899.71
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	4,429.55	\$299,899.71
Grand Total	4.00	4,409	\$299,899.71

Name of person who prepared this report: Joseph Giaimo

Title: Chief Operating Officer

Phone #: 866-633-3700

Preparer's Signature: _____



Date Prepared: 4//15/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: *Office of Children and Family Svcs.*
 Contract Number: *C028407* Agency Business Unit: CFS01
 Contract Term: *12/1/18* to *11/30/23* Agency Department ID: 3400000
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd. Ithaca, NY 14850*
 Description of Services Being Provided:
Comp. Psychiatric Svcs.

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
<i>29-1066.00</i>	<i>1</i>	<i>784.28</i>	<i>298,026</i>
Total this Page	<i>1</i>	<i>784.28</i>	<i>298,026</i>
Grand Total	<i>1</i>	<i>784.28</i>	<i>298,026</i>

Name of person who prepared this report: *Henry Gerson*

Title: *President*

Phone #: *917-539-0445*

Preparer's Signature: *[Signature]*

Date Prepared: *4/14/20*

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: C028408 Agency Business Unit: CFS01
 Contract Term: 12/01/2018 to 11/30/2021 Agency Department ID: 3400000
 Contractor Name: 24th Street Psychiatry, PC
 Contractor Address: 200 West 20th Street Suite 104, NYC, NY 10011
 Description of Services Being Provided: Psychiatric

Scope of Contract (Choose one that best fits):

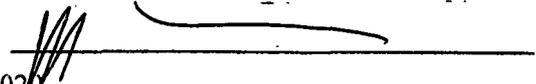
- Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist- code- 29-1066.00	1.00	202.10	\$65,672.75
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	202.10	\$65,672.75
Grand Total	1.00	202	\$65,672.75

Name of person who prepared this report: Jeff Corbin, MD MPH

Title: President

Phone #: (917) 606-1688

Preparer's Signature: 

Date Prepared: 4/16/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: C028487 Agency Business Unit: CFS01
 Contract Term: 6/1/2019 to 5/31/2024 Agency Department ID: 3400000
 Contractor Name: Yaws Environmental Process Control, Inc.
 Contractor Address: 951 East Shore Drive
 Description of Services Being Provided: Wastewater Treatment

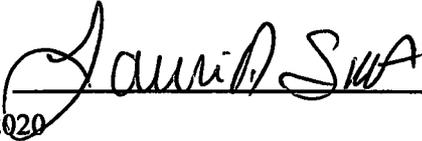
Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
51-9031.00	8.00	4,056.00	\$152,400.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	4,056.00	\$152,400.00
Grand Total	8.00	4,056	\$152,400.00

Name of person who prepared this report: Lauri Smith

Title: President

Phone #: 607-227-1696

Preparer's Signature: 

Date Prepared: 4/27/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: CO28513 Agency Business Unit: CFS01
 Contract Term: 06/01/2019 to 06/30/2020 Agency Department ID: 3400000
 Contractor Name: Environmental & Fueling Systems
 Contractor Address: 20 Gurley Ave Troy, Ny 12182
 Description of Services Being Provided: Environmental Site inspection, SPCC plan
 preparation, Fuel tank repairs

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
TDR - Inspector	1.00	224	\$21,000.00
SGD Environment - SPCC plan	2.00	100.00	\$10,000.00
Environmental & Fueling System	0.00	0.00	\$0.00
Laborer	7.00	123.00	\$18,450.00
Plumber	6.00	156.00	\$23,400.00
Inspector	0.00	0.00	\$0.00
Admin - Contract PM	1.00	100.00	\$20,000.00
Admin - E&FS	2.00	6.00	\$900.00
Electrician	4.00	77.00	\$11,550.00
Travel	7.00	133.50	\$10,680.00
Off Site	2.00	119.00	\$7,280.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	32.00	1,038.50	\$123,260.00
Grand Total			

Name of person who prepared this report: Marc Miller

Title: Member

Phone #: 518-272-8142

Preparer's Signature: 

Date Prepared: 5/11/2020

(Use additional pages, if necessary)

Page 1 of 1

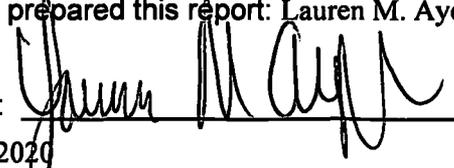
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: NYS Office of Children & Family Services
 Contract Number: C028544 Agency Business Unit: ████████ CFS01
 Contract Term: 05/15/2019 to 12/31/2023 Agency Department ID: ████████
 Contractor Name: Youth Research, Inc. 3400000
 Contractor Address: 5 University Place, Building 5, 4th Floor, Rensselaer, NY 12144
 Description of Services Being Provided: Training

- 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
13-1151.00	28.00	20,404.66	\$712,785.93
11-1011.00	2.00	1,800.00	\$123,865.40
43-9061.00	3.00	827.72	\$20,858.02
11-3121.00	1.00	240.00	\$10,584.48
13-1071.00	1.00	595.24	\$20,756.03
11-3131.00	4.00	2,243.64	\$84,460.43
11-3031.01	1.00	255.00	\$11,769.15
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	40.00	26,366.26	\$985,079.44
Grand Total	40.00	26,366	\$985,079.44

Name of person who prepared this report: Lauren M. Ayers
 Title: CFO
 Preparer's Signature: 
 Date Prepared: 4/22/2020

Phone #: 838-200-1790

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: *5010161* Agency Business Unit: CFS01
 Contract Term: *4/1/19* to *3/31/20* Agency Department ID: 3400000
 Contractor Name: Snehal R Sheth MD
 Contractor Address: 454 Country Club Lane, Kingston, NY, 12401
 Description of Services Being Provided: Psychiatric Services

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
<i>Psychiatric Services (Red Hook RC.)</i>	<i>1</i>	<i>133.05 hrs</i>	<i>\$25,944.40</i>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	<i>1</i>	<i>133.05 hrs</i>	<i>\$25,944.40</i>

Name of person who prepared this report: Snehal R Sheth MD

Title: MD, Psychiatrist

Phone #: 845-797-5252

Preparer's Signature: _____



Date Prepared: *4/1/20*

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: 5010171 / ~~5010171~~ Agency Business Unit: CFS01
 Contract Term: 4/1/19 to 3/31/20 Agency Department ID: 3400000
 Contractor Name: Snehal R Sheth MD
 Contractor Address: 454 Country Club Lane, Kingston, NY, 12401
 Description of Services Being Provided: Psychiatric Services

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
<u>Psychiatric Services (CSE6)</u>	<u>1</u>	<u>267.33 hrs</u>	<u>\$ 53,466.00</u>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	<u>1</u>	<u>267.33 hrs</u>	<u>\$ 53,466.00</u>

Name of person who prepared this report: Snehal R Sheth MD

Title: MD, Psychiatrist

Phone #: 845-797-5252

Preparer's Signature: 

Date Prepared: 4/12/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: OCFS
 Contract Number: 5010191 Agency Business Unit: CFS01
 Contract Term: 12/1/16 to 11/30/19 Agency Department ID: 3400000
 Contractor Name: Bruce H. David, DO.
 Contractor Address: 400 East 89th St., Apt 8J, New York, NY 10128
 Description of Services Being Provided: Psychiatric Services

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
Psychiatrist	1 200	393 200	\$98,210 \$0.00
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
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total		393	\$98,210 \$0.00

Name of person who prepared this report: Bruce H. David, DO Phone #: 347 302 8034
 Title: Psychiatrist
 Preparer's Signature: [Signature]
 Date Prepared: 5/1/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: OCFS
 Contract Number: S010192 Agency Business Unit: CFS01
 Contract Term: 02/01/2017 to 12/31/2021 Agency Department ID: 3400000
 Contractor Name: Mark Cattalani, MD
 Contractor Address: 28 East St., Skaneateles, NY. 13152
 Description of Services Being Provided: Psychiatric

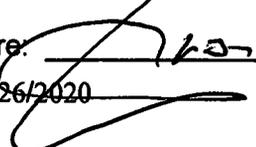
Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1066.00 Psychiatrist	1.00	233.50	\$49,450.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	233.50	\$49,450.00
Grand Total	1.00	233	\$49,450.00

Name of person who prepared this report: Mark Cattalani

Title: MD

Phone #: 617-365-2817

Preparer's Signature: 

Date Prepared: 04/26/2020

(Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: *5010195* Agency Business Unit: CFS01
 Contract Term: *4/1/19* to *3/31/20* Agency Department ID: 3400000
 Contractor Name: Snehal R Sheth MD
 Contractor Address: 454 Country Club Lane, Kingston, NY, 12401
 Description of Services Being Provided: Psychiatric Services

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
<i>PSYCHIATRIC SERVICES (BSC)</i>	<i>1</i>	<i>546.24 hrs</i>	<i>\$ 150,216.00</i>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	<i>1</i>	<i>546.24 hrs</i>	<i>\$ 150,216.00</i>

Name of person who prepared this report: Snehal R Sheth MD

Title: MD, Psychiatrist

Phone #: 845-797-5252

Preparer's Signature: 

Date Prepared: *4/12/20*

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: OCFS
 Contract Number: 5010199 Agency Business Unit: CFS01
 Contract Term: 3/5/18 to 3/5/22 Agency Department ID: 3400000
 Contractor Name: Bruce H. David, D.O.
 Contractor Address: 400 East 89th St. Apt 8J, New York, NY 10128
 Description of Services Being Provided: Psychiatric Services

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
<u>Psychiatrist</u>	<u>1</u>	<u>500.00</u>	<u>\$137,500.00</u>
<u>29-1066.00</u>	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	<u>1</u>	<u>500</u>	<u>\$137,500.00</u>

Name of person who prepared this report: Bruce H. David, D.O.
 Title: Psychiatrist Phone #: 347 302 8034
 Preparer's Signature: [Signature]

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: 5010201
 Contract Term: 4/1/19 to 3/31/20
 Contractor Name: Snehal R Sheth MD
 Contractor Address: 454 Country Club Lane, Kingston, NY, 12401
 Description of Services Being Provided: Psychiatric Services

Agency Business Unit: CFS01
 Agency Department ID: 3400000

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
<u>Psychiatric Services (Highland R.C.)</u>	<u>1</u>	<u>167.43 hrs</u>	<u>\$ 47,717.55</u>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	<u>1</u>	<u>167.43 hrs</u>	<u>\$ 47,717.55</u>

Name of person who prepared this report: Snehal R Sheth MD

Title: MD, Psychiatrist

Phone #: 845-797-5252

Preparer's Signature: 

Date Prepared: 4/20/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: S010203 Agency Business Unit: CFS01
 Contract Term: 10/01/2018 to 09/30/2020 Agency Department ID: 3400000
 Contractor Name: Mark Cattalani, MD
 Contractor Address: 28 East St., Skaneateles, NY 13152
 Description of Services Being Provided: Psychiatric

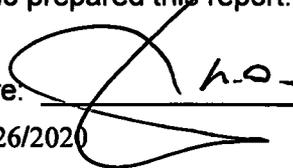
Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1066.00 Psychiatrist	1.00	344.80	\$101,716.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	344.80	\$ 0.00
Grand Total	1.00	344	\$101,716.00

Name of person who prepared this report: Mark Cattalani

Title: MD

Phone #: 617-365-2817

Preparer's Signature: 

Date Prepared: 04/26/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: New York State Office of Children & Family Services (OCFS)
 Contract Number: PH65776 Agency Business Unit: *CFS01*
 Contract Term: 11/01/2012 to 06/30/2019 Agency Department ID: *3400000*
 Contractor Name: Knowledge Builders Inc
 Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202
 Description of Services Being Provided: Programmer

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
15-1132	1.00	824.00	\$67,485.60
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	824.00	\$67,485.60
Grand Total	1.00	824	\$67,485.80

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Phone #: 518-810-7478

Preparer's Signature: *Sanjay Kapalli*

Date Prepared: 04/30/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: New York State Office of Children & Family Services (OCFS)
 Contract Number: PH65776 Agency Business Unit: *CFS01*
 Contract Term: 11/01/2012 to 06/30/2019 Agency Department ID: *3408888*
 Contractor Name: Knowledge Builders Inc
 Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202
 Description of Services Being Provided: Project Manager

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
15-1199.09	1.00	1,905.00	\$180,822.60
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,905.00	\$180,822.60
Grand Total	1.00	1,905	\$180,822.60

Name of person who prepared this report: Sanjay Kapalli
 Title: Executive Vice President
 Preparer's Signature: *Sanjay Kapalli* Phone #: 518-810-7478
 Date Prepared: 04/30/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: New York State Office of Children & Family Services (OCFS)
 Contract Number: PH65776 Agency Business Unit: *CFS01*
 Contract Term: 11/01/2012 to 06/30/2019 Agency Department ID: *3400000*
 Contractor Name: Knowledge Builders Inc
 Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202
 Description of Services Being Provided: Specialist

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
15-1132	7.00	7,780.00	\$409,305.78
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	7.00	7,780.00	\$409,305.78
Grand Total	7.00	7,780	\$409,305.78

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Phone #: 518-810-7478

Preparer's Signature: _____

Date Prepared: 04/30/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 10/1/18 to 6/30/19 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1199.09	1.00	64.00	\$5,288.32
	1.00	277.50	\$22,929.83
	1.00	364.50	\$30,118.64
	1.00	390.00	\$32,225.70
	1.00	409.50	\$33,836.99
	1.00	430.50	\$35,572.22
	1.00	230.00	\$19,004.90
	1.00	496.50	\$41,025.80
	1.00	466.00	\$38,505.58
	1.00	441.50	\$36,481.15
15-1131.00	1.00	448.00	\$33,568.64
	1.00	24.00	\$1,798.32
	1.00	537.00	\$40,237.41
Total this Page	13.00	4,579.00	\$370,593.50
Grand Total			

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 5/4/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 10/1/18 to 6/30/19 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1131.00	1.00	500.00	\$37,465.00
	1.00	483.00	\$36,191.19
	1.00	385.00	\$28,848.05
	1.00	8.00	\$599.44
	1.00	390.50	\$29,260.17
	1.00	197.00	\$14,761.21
	1.00	512.00	\$38,364.16
	1.00	527.00	\$39,488.11
	1.00	319.00	\$23,902.67
	1.00	71.50	\$5,357.50
	1.00	165.50	\$12,400.92
	1.00	72.00	\$5,394.96
	1.00	515.00	\$38,588.95
Total this Page	13.00	4,145.50	\$310,622.33
Grand Total			

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 5/4/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 10/1/18 to 6/30/19 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1131.00	1.00	480.00	\$35,966.40
	1.00	496.00	\$37,165.28
	1.00	457.00	\$34,243.01
	1.00	508.00	\$38,064.44
	1.00	503.50	\$37,727.26
	1.00	480.00	\$35,966.40
	1.00	437.00	\$32,744.41
	1.00	496.00	\$37,165.28
	1.00	503.00	\$37,689.79
	1.00	488.00	\$36,565.84
	1.00	422.00	\$31,620.46
	1.00	470.50	\$35,254.57
	1.00	475.00	\$35,591.75
Total this Page	13.00	6,216.00	\$465,764.89
Grand Total			

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 5/4/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 10/1/18 to 6/30/19 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1131.00	1.00	420.00	\$31,470.60
	1.00	365.00	\$27,349.45
	1.00	496.00	\$37,165.28
	1.00	496.00	\$37,165.28
	1.00	460.00	\$34,467.80
	1.00	280.00	\$20,980.40
	1.00	504.00	\$37,764.72
	1.00	489.00	\$36,640.77
	1.00	447.00	\$33,493.71
	1.00	404.00	\$30,271.72
	1.00	405.75	\$30,402.85
	1.00	500.25	\$37,483.73
	1.00	380.25	\$28,492.13
Total this Page	13.00	5,647.25	\$423,148.44
Grand Total			

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 5/4/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 10/1/18 to 6/30/19 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1131.00	1.00	411.00	\$30,796.23
	1.00	448.00	\$33,568.64
	1.00	494.00	\$37,015.42
	1.00	441.50	\$33,081.60
	1.00	433.75	\$32,500.89
	1.00	501.25	\$37,558.66
	1.00	442.00	\$33,119.06
15-1199.01	1.00	503.50	\$24,550.66
	1.00	512.00	\$24,965.12
	1.00	47.50	\$2,316.10
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	10.00	4,234.50	\$289,472.38
Grand Total	62.00	24,822.25	\$1,859,601.54

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 5/4/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: PH68607
 Contract Term: 07/01/2019 to 06/30/2024
 Contractor Name: Crossfire Consulting Corp
 Contractor Address: 1940 Commerce Street, Yorktown Heights, NY 10598
 Description of Services Being Provided: Hourly Based Information Technology

Agency Business Unit: *OCFS01*
 Agency Department ID: *840000*

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
Software Analyst	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	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	0.00	\$ 0.00
Grand Total	1.00	0	\$0.00

Name of person who prepared this report: Jessica Mazzeo
 Title: CEO
 Preparer's Signature: *J. Mazzeo*
 Date Prepared: 05/12/2020

Phone #: 914-302-2900

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)
 Contract Number: PH68613 Agency Business Unit: *CFS01*
 Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: *3400000*
 Contractor Name: Knowledge Builders Inc
 Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202
 Description of Services Being Provided: Business Analyst

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
15-1121	1.00	801.50	\$57,708.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	801.50	\$57,708.00
Grand Total	1.00	801	\$57,708.00

Name of person who prepared this report: Sanjay Kapalli
 Title: Executive Vice President
 Preparer's Signature: *Sanjay Kapalli* Phone #: 518-810-7478
 Date Prepared: 04/30/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)
 Contract Number: PH68613 Agency Business Unit: *CFS01*
 Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: *3400800*
 Contractor Name: Knowledge Builders Inc
 Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202
 Description of Services Being Provided: Software Architect

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
15-1199.02	1.00	710.50	\$62,282.56
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	710.50	\$62,282.56
Grand Total	1.00	710	\$62,282.56

Name of person who prepared this report: Sanjay Kapalli
 Title: Executive Vice President *K Sanjay* Phone #: 518-810-7478
 Preparer's Signature: _____
 Date Prepared: 04/30/2020

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)
 Contract Number: PH68613 Agency Business Unit: *CFS01*
 Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: *34000000*
 Contractor Name: Knowledge Builders Inc
 Contractor Address: 1977 Western Avenue, Ste #1, Albany, NY 12202
 Description of Services Being Provided: Software Manager

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
15-1199.09	1.00	878.00	\$73,752.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	878.00	\$73,752.00
Grand Total	1.00	878	\$73,752.00

Name of person who prepared this report: Sanjay Kapalli

Title: Executive Vice President

Phone #: 518-810-7478

Preparer's Signature: *K Sanjay*

Date Prepared: 04/30/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH68617 Agency Business Unit: CFS01
 Contract Term: 7/1/19 to 6/30/24 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1121.00	1.00	168.00	\$10,293.36
	1.00	496.00	\$30,389.92
	1.00	456.00	\$27,939.12
	1.00	7.50	\$459.53
	1.00	376.75	\$23,083.47
	1.00	419.00	\$25,672.13
	1.00	420.00	\$25,733.40
	1.00	488.00	\$29,899.76
	1.00	432.00	\$28,131.84
	1.00	496.00	\$32,299.52
	1.00	384.50	\$25,038.64
	1.00	434.00	\$28,262.08
15-1151.00	1.00	352.00	\$19,145.28
Total this Page	13.00	4,929.75	\$306,348.05
Grand Total			

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 4/29/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH68617 Agency Business Unit: CFS01
 Contract Term: 7/1/19 to 6/30/24 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1151.00	1.00	488.00	\$26,542.32
	1.00	336.00	\$18,275.04
	1.00	480.00	\$26,107.20
	1.00	328.00	\$17,839.92
	1.00	488.00	\$26,542.32
	1.00	184.00	\$9,531.20
	1.00	493.00	\$25,537.40
	1.00	376.00	\$20,450.64
	1.00	496.00	\$26,977.44
	1.00	352.00	\$19,145.28
	1.00	448.00	\$24,366.72
	1.00	376.00	\$19,476.80
15-1142.00	1.00	128.00	\$9,149.44
Total this Page	13.00	4,973.00	\$269,941.72
Grand Total			

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 4/29/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH68617 Agency Business Unit: CFS01
 Contract Term: 7/1/19 to 6/30/24 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus, Inc.
 Contractor Address: 435 New Karner Road Albany, NY 12205
 Description of Services Being Provided: IT Consulting (Various)

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
15-1142.00	1.00	419.00	\$29,950.12
15-1199.02	1.00	232.00	\$19,928.80
	1.00	495.75	\$42,584.93
15-1131.00	1.00	16.00	\$1,143.68
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,162.75	\$93,607.53
Grand Total	30.00	11,065.50	\$669,897.30

Name of person who prepared this report: Ilakumari Patel

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *IN Patel*

Date Prepared: 4/29/20

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: PH68631 Agency Business Unit: OCFS
 Contract Term: 7/1/2019 to 6/30/2024 Agency Department ID: 340000
 Contractor Name: Trigyn Technologies, Inc.
 Contractor Address: 100 Metroplex Drive, Suite 101, Edison, NJ 08817
 Description of Services Being Provided: Hourly Based Information Technology Services

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
Programmer - Expert	1.00	821.00	\$64,998.57
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	821.00	\$64,998.57
Grand Total	1.00	821.00	\$64,998.57

Name of person who prepared this report: Thomas Gordon
 Title: Sr. Vice President Phone #: 732-777-4608
 Preparer's Signature: 
 Date Prepared: 5/6/2020

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: **April 1, 2019 to March 31, 2020**

Contracting State Agency Name: NYS OCFS

Contract Number: PNZOSAB

Agency Business Unit:

Agency Department ID: 3400000

Contract Term: 2/1/19 to 3/31/21

Contractor Name: **New York State Technology Enterprise Corporation (NYSTEC)**

Contractor Address: **99 Otis Street, 2nd Floor, Rome, NY 13441**

Description of Services Being Provided:

CCWIS Planning Services

Scope of Contract (Choose one that best fits):

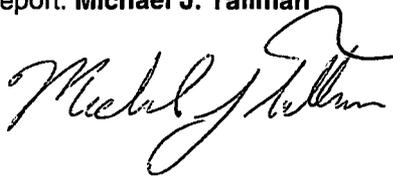
- Analysis Evaluation Research Training
 Data Processing Computer Programming **Other IT consulting**
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3021.00 Computer and Information Systems Manager	8	687.75	\$115,289.35
Total this page	8	687.75	\$ 115,289.35
Grand Total	8	687.75	\$ 115,289.35

Name of person who prepared this report: **Michael J. Tallman**

Title: **Contracts Manager**

Preparer's Signature:



Phone #: **315-334-7843**

mtallman@nystec.com

Date Prepared: **5/12/2020**

(Use additional pages, if necessary)

TA0682

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: OCFS
 Contract Number: T011893 Agency Business Unit: CFS01
 Contract Term: 4/1/2019 to 3/31/2020 Agency Department ID: 3400000
 Contractor Name: Tanya D Mays MD PLLC
 Contractor Address: 39 Pleasant View Drive Hudson NY 12534
 Description of Services Being Provided: OB/GYN

- 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
<u>29-1064.00</u>	0.00	0.00	\$0.00
<u>Obstetrical by new hire</u>	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	<u>2</u>	<u>1968</u>	<u>9000</u>

Name of person who prepared this report:
 Title: CEO/owner Phone #: 518 965 0145
 Preparer's Signature: [Signature]
 Date Prepared: 5/14/2020

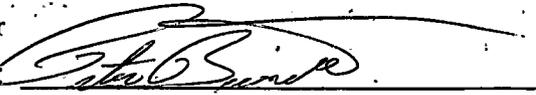
FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: T011965 Agency Business Unit: CFS01
 Contract Term: 03/01/2018 to 02/29/2020 Agency Department ID: 3400000
 Contractor Name: E A Torrado DDS PC
 Contractor Address: 1655 Elmwood Ave Ste 215 Rochester NY 14620
 Description of Services Being Provided: Dental Services

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
29-1024.00 Prosthodontist	1.00	68.00	\$12,000.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	68.00	\$12,000.00
Grand Total	1.00	68	\$12,000.00

Name of person who prepared this report: Peter Burnett
 Title: Practice Manager Phone #: 585-442-1900
 Preparer's Signature: 
 Date Prepared: 04/15/2020

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: OCFS
 Contract Number: T011982 Agency Business Unit: CFS01
 Contract Term: 04/01/2019 to 05/31/2019 Agency Department ID: 3400000
 Contractor Name: National Eye Care, Inc.

 Contractor Address: 5160 Kinloch Circle Fayetteville, NY 13066
 Description of Services Being Provided: Optometry

- 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
Optometrist	5	36.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	5	36	\$3780.00

Name of person who prepared this report: Angela Gavin
 Title: Office Manager Phone #: 518-302-5578
 Preparer's Signature: Angela Gavin
 Date Prepared: 05/04/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: Office of Children and Family Services-HBITS
 Contract Number: PH68629 Agency Business Unit: CFS01
 Contract Term: 08/27/2019 to 08/27/2021 Agency Department ID: 3400000
 Contractor Name: Tech Valley Talent
 Contractor Address: 20 Prospect St, Ballston Spa NY 12020
 Description of Services Being Provided: IT Professional Services and Staff Augmentation

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
15-1152.00 Computer Network Support Specialists	4.00	3,295.00	\$223,954.14
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	3,295.00	\$223,954.14
Grand Total	4.00	3,295	\$223,955.14

Name of person who prepared this report: Jennifer Duane

Title: Administrative Assistant

Phone #: 518-882-0001 x113

Preparer's Signature: 

Date Prepared: 05/11/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS

Contract Number: T012129

Agency Business Unit: CFS01

Contract Term: 10/01/2018 to 09/30/2022

Agency Department ID: 3400000

Contractor Name: Auburn Pediatrics, PLLC

Contractor Address: 75 Genesee St Auburn, NY 13021

Description of Services Being Provided: Medical Services at Harriet Tubman

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
29-1065.00	1.00	30.00	\$12,000.00
29-1171.00	2.00	112.33	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	142.33	\$12,000.00
Grand Total	3.00	142	\$12,000.00

Name of person who prepared this report: Lauren A Reed

Title: Office Manager

Phone #: 315-255-2255

Preparer's Signature: 

Date Prepared: 4/21/2020

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: OCFS
 Contract Number: T012155 Agency Business Unit: CFS01
 Contract Term: 04/01/2019 to 05/31/2019 Agency Department ID: 3400000
 Contractor Name: National Eye Care, Inc.

 Contractor Address: 5160 Kinloch Circle Fayetteville, NY 13066
 Description of Services Being Provided: Optometry

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
Optometrist	5	8.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	5	36	\$420.00

Name of person who prepared this report: Angela Gavin
 Title: Office Manager Phone #: 518-302-5578
 Preparer's Signature: Angela Gavin
 Date Prepared: 05/04/2020

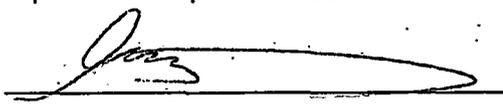
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: T012171 Agency Business Unit: CFS01
 Contract Term: 10/01/2018 to 01/31/2020 Agency Department ID: 3400000
 Contractor Name: Abraham Nussbaum
 Contractor Address: 82 Hapeman Hill Road, Red Hook, NY 12571
 Description of Services Being Provided: Medical Services

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
Health Services 29-1069.08	1.00	140.00	\$15,000.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	140.00	\$15,000.00
Grand Total			

Name of person who prepared this report: Abraham Nussbaum
 Title: MD Phone #: 9173751437
 Preparer's Signature: 
 Date Prepared: 04/18/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: T012141 Agency Business Unit: CFS01
 Contract Term: 1/1/19 to 12/31/23 Agency Department ID: 3400000
 Contractor Name: Robert Breiman MD
 Contractor Address: 328 Winthrop Ave Ithaca NY 14850
 Description of Services Being Provided: physician supervisor to nurse practitioner consulting physician

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
physician contractor	self 0.00	20 hours 0.00	\$ 8,400 \$0.00
family physician	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
29-1062-00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total		20 hours	8400

Name of person who prepared this report: Robert Breiman
 Title: MD Phone #: 607 227 4431
 Preparer's Signature: Robert Breiman
 Date Prepared: 11/4/25/2020

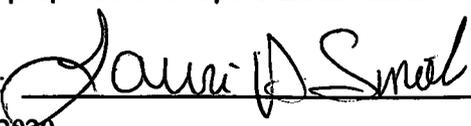
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: T012201 Agency Business Unit: CFS01
 Contract Term: 1/1/2019 to 12/31/2023 Agency Department ID: 3400000
 Contractor Name: Yaws Environmental Process Control, Inc
 Contractor Address: 951 East Shore Drive
 Description of Services Being Provided: Wastewater Treatment

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
51-8031.00	1.00	52.00	9,000.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	52.00	\$9,000.00
Grand Total	1.00	52	\$9,000.00

Name of person who prepared this report: Lauri Smith
 Title: President
 Preparer's Signature: 
 Date Prepared: 4/27/2020
 Phone #: 607-227-1696

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31, **4/1/19 - 10/31/19**

Contracting State Agency Name: OCFS **BHS**
 Contract Number: **T010204** Agency Business Unit: CFS01
 Contract Term: **1/1/19 - 10/31/19** Agency Department ID: 3400000
 Contractor Name: **Judith M. Zelenevych**
 Contractor Address: **107 George Endres Dr. Schenectady NY 12308**
 Description of Services Being Provided:
OCFS BHS Dental Consultant

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
Dental 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
09-2001	1	318.25	11,138.75
	0.00	0.00	\$0.00
Consultant	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	1	318.25	11,138.75

Name of person who prepared this report: **Judith M Zelenevych RDH**
 Title: **OCFS BHS Dental Consultant** Phone #: **518-577-5017**
 Preparer's Signature: **[Signature]**
 Date Prepared: // **4/17/20**
 (Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: T012216 Agency Business Unit: CFS01
 Contract Term: 3/1/2019 to 2/28/2021 Agency Department ID: 3400000
 Contractor Name: DAVID V. MALICKI
 Contractor Address: 31 BERGEN WOODS DR. BOGHT CORNERS NY 12047
 Description of Services Being Provided: DENTAL SERVICES

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
<u>DENTIST 29-1021.00</u>	<u>1</u>	<u>66</u> 0.00	<u>\$2000./month</u>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total			<u>\$ 24,000. -</u>

Name of person who prepared this report: DAVID V. MALICKI
 Title: DENTIST Phone #: (518) 791-8461
 Preparer's Signature: David V Malicki
 Date Prepared: 4/17/2020

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: OCFS
 Contract Number: T01224 Agency Business Unit: CFS01
 Contract Term: 06/01/20109 to 03/31/2020 Agency Department ID: 3400000
 Contractor Name: National Eye Care, Inc.

 Contractor Address: 5160 Kinloch Circle Fayetteville, NY 13066
 Description of Services Being Provided: Optometry

- 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
Optometrist	5	184.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	5	184	\$18750.00

Name of person who prepared this report: Angela Gavin
 Title: Office Manager Phone #: 518-302-5578
 Preparer's Signature: Angela Gavin
 Date Prepared: 05/04/2020

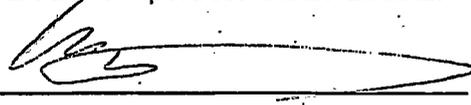
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: T012302 Agency Business Unit: CFS01
 Contract Term: 02/01/2020 to 01/31/2021 Agency Department ID: 3400000
 Contractor Name: Abraham Nussbaum
 Contractor Address: 82 Hapeman Hill Road, Red Hook, NY 12571
 Description of Services Being Provided: Medical Services

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
Health Services <i>29-1069.08</i>	1.00	28.00	\$5,000.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	28.00	\$5,000.00
Grand Total			

Name of person who prepared this report: Abraham Nussbaum
 Title: MD Phone #: 9173751437
 Preparer's Signature: 
 Date Prepared: 04/18/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: t012308 Agency Business Unit: CFS01
 Contract Term: 3/1/2020 to 2/28/2025 Agency Department ID: 3400000
 Contractor Name: Pediatric Cardiology Associates
 Contractor Address: 725 Irving Ave. Suite 804 Syracuse, NY 13210
 Description of Services Being Provided: Pediatric EKG reads

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
Pediatric Cardiologists	6.00	4.00	\$450.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	4.00	\$ 450.00
Grand Total	6.00	4	\$450.00

Name of person who prepared this report: Jacquelyn Cage

Title: Manager/Administrator

Phone #: 315-414-2781

Preparer's Signature: 

Date Prepared: 04/15/2020

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OCFS
 Contract Number: T012309 Agency Business Unit: CFS01
 Contract Term: 3/1/20 to 2/28/25 Agency Department ID: 3400000
 Contractor Name: Capital District Pediatric Cardiology Associates
 Contractor Address: 319 S. Manning Blvd. #205, Albany, NY 12208
 Description of Services Being Provided:
 EKG Reading

- 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
Physician 29,1069.00	4 0.00	9 0.00	\$ 757.50 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total	4	9	\$ 757.50

Name of person who prepared this report: Steven Kamenik MD
 Title: President Phone #: 518-489-3292
 Preparer's Signature: Steven Kamenik
 Date Prepared: 4/14/2020

(Use additional pages, if necessary)