

Department of Corrections and
Community Supervision

32502226

Contracting State Agency Name: Department of Corrections and Community Supervision

Contract Number: [Contract #] C000396G Agency Business Unit: DOC01

Contract Term: XXXXXXXX to XXXXXXXX 7/18-6/23 Agency Department ID: 3250226

Contractor Name: [Vendor Name] NNYVHC

Contractor Address: [Address] [City] [State] [Zip Code] PO Box 685 Malone, NY 12953

Description of Services Being Provided: [Description]

Hospitality to visitors.

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
Administrator	1	1200	\$20,516.00
Site Manager	Vacant		
Total this page			\$ [FY Amount] 20,516.00
Grand Total			\$ [FY Amount] 20,516.00

Name of person who prepared this report: [Name] William Sheridan

Title: [Title] Administrator Phone #: (XXX) XXX-XXXX 315-324-6093

Preparer's Signature: [Signature]

Date Prepared: XXXXXX 4/24/23

Contracting State Agency Name: **Department of Corrections and Community Supervision**

Contract Number: [Contract #] **C0004166** Agency Business Unit: DOC01

Contract Term: ~~XXXXXXXX~~ to ~~XXXXXXXX~~ **7/18-6/23** Agency Department ID: 3250226

Contractor Name: [Vendor Name] **NNYVHC**

Contractor Address: [Address] [City] [State] [Zip Code] **PO Box 685 Malone, NY 12953**

Description of Services Being Provided: [Description]
Hospitality to visitors.

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
Administrator	1	1200	\$ 20,516.00
Site Manager	1	500	\$ 6,720.00
Total this page			\$ [FY Amount] 27,236.00
Grand Total			\$ [FY Amount] 27,236.00

Name of person who prepared this report: [Name] **William Sheridan**

Title: [Title] **Administrator**

Phone (XXX) XXX-XXXX
#: **315-324-6093**

Preparer's Signature: **William Sheridan**

Date Prepared: ~~XXXXXX~~ **4/24/23**

Contracting State Agency Name: Department of Corrections and Community Supervision

Contract Number: [Contract #] C0004566 Agency Business Unit: DOC01

Contract Term: XXXXXXXXXX to XXXXXXXXXX 7/18-6/23 Agency Department ID: 3250226

Contractor Name: [Vendor Name] NNYVHC

Contractor Address: [Address] [City] [State] [Zip Code] PO Box 685 Malone, NY 12953

Description of Services Being Provided: [Description]

Hospitality to visitors.

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
Administrator	1	1200	\$ 20,516.00
Site Manager	1	230	\$ 3,505.20
Total this page			\$ [FY Amount] 24,021.20
Grand Total			\$ [FY Amount] 24,021.20

Name of person who prepared this report: [Name] William Sheridan

Title: [Title] Administrator

Phone #: (XXX) XXX-XXXX 315-324-6093

Preparer's Signature: William Sheridan

Date Prepared: XXXXXX 4/24/23

Contracting State Agency Name: **Department of Corrections and Community Supervision**

Contract Number: [Contract #] **C0004760** Agency Business Unit: DOC01

Contract Term: ~~XX/XX/XXXX~~ to ~~XXXXXXXX~~ **7/18-4/23** Agency Department ID: 3250226

Contractor Name: [Vendor Name] **NNYUHC**

Contractor Address: [Address] [City] [State] [Zip Code] **PO Box 685 Malone, NY 12953**

Description of Services Being Provided: [Description]
Hospitality to visitors.

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
Administrator	1	1200	\$ 20,576.00
Site Manager	1	405	\$ 6,075.00
Total this page			\$ [FY Amount] 26,591.00
Grand Total			\$ [FY Amount] 26,591.00

Name of person who prepared this report: [Name] **William Sheridan**

Title: [Title] **Administrator** Phone #: **315-324-6093**

Preparer's Signature: **William Sheridan**

Date Prepared: ~~XXXXXX~~ **4/24/23**

Contracting State Agency Name: Department of Corrections and Community Supervision

Contract Number: [Contract #] C0004966 Agency Business Unit: DOC01

Contract Term: XXXX/XXXX to XXXX/XXXX 7/18-6/23 Agency Department ID: 3250226

Contractor Name: [Vendor Name] NNYPHC

Contractor Address: [Address] [City] [State] [Zip Code] PO Box 685 Malone, NY 12953

Description of Services Being Provided: [Description]

Hospitality to visitors.

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
Administrator	1	1200	\$20,516.00
Site Manager	1	523	7,442.29
Total this page			\$ [FY Amount] 27,958.29
Grand Total			\$ [FY Amount] 27,958.29

Name of person who prepared this report: [Name] William Sheridan

Title: [Title] Administrator Phone #: 315-324-6093

Preparer's Signature: *William Sheridan*

Date Prepared: XXXXXX 4/24/23

FORM B

New York State Consultant Services
 Consultant's **Contractor's Annual Employment Report**
 Report Period: April 1, 2022 to March 31, 2023

Consultant
 Consultant

Contracting State Agency Name: Dept. of Corrections & Community Supervision
 Contract Number: C000261 Agency Business Unit:
 Contract Term: 10 / 01 / 2020 to 09 / 30 / 2023 Agency Department ID: Agency Code: 10160
 Contractor Name: Keystone Material Testing, LLC dba Keystone Environmental Services
 Contractor Address: 58 Exchange Street, Binghamton, NY 13901
 Description of Services Being Provided: Environmental Consulting 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
Overtime Rate/Hr.	2	2	\$150.00
PLM Testing per Sample	N/A	N/A	\$0.00
NOB Sample Testing - Steps 1 and 2	N/A	N/A	\$225.00
NOB Sample Testing - Step 3 (TEM)	N/A	N/A	\$312.00
Total this Page	2	2	\$ 687.00
Grand Total	2	2	\$687.00

Name of person who prepared this report: Katie Espe

Title: Accounting Assistant

Phone #: (607) 722-1100

Preparer's Signature: _____



Date Prepared: 5 / 8 / 2023

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Department of Corrections and Community Supervision
 Contract Number: C000821 Agency Business Unit: DOC01
 Contract Term: 7/1/2022 to 6/30/2023 Agency Department ID: 3250226
 Contractor Name: DePaolo Crosby Reporting Services, Inc.
 Contractor Address: 135 Delaware Ave, Suite 301, Buffalo, NY 14202
 Description of Services Being Provided: Court Reporting

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
Court Reporter	5.00	5,000.00	\$100,000.00
	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	5.00	5,000.00	\$100,000.00
Grand Total			

Name of person who prepared this report: Rebecca DiBello
 Title: President Phone #: 716-853-5544
 Preparer's Signature: _____
 Date Prepared: 04/24/2023

Contracting State Agency Name: **Department of Corrections and Community Supervision**

Contract Number: [Contract #] *000 825* Agency Business Unit: DOC01
 Contract Term: XX/XX/XXXX to XX/XX/XXXX Agency Department ID: 3250226
 Contractor Name: [Vendor Name]
 Contractor Address: [Address] [City], [State] [Zip Code]
 Description of Services Being Provided: [Description]

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>Court Reporters</i>	<i>one</i>	<i>3120</i>	<i>3,401,775.00</i>
Total this page			\$(FY Amount)
Grand Total	<i>one</i>	<i>3120</i>	\$(FY Amount)

Name of person who prepared this report: [Name]

Title: [Title] *OWNER*

Phone #: *(315) 735-7429*
(XXX) XXX-XXXX

Preparer's Signature: *Whitaker A. Kupiec*

Date Prepared: XX/XX/XX *4/18/2023*

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name:
 Contract Number: C 000845 Agency Business Unit:
 Contract Term: 7/1/22 to 6/30/23 Agency Department ID:
 Contractor Name: Gretchen A Kupiec d/b/a Durr Court Reporting
 Contractor Address: 41 Sunnyside Drive, Utica, NY 13501
 Description of Services Being Provided: Hearing Reporter and Transcription 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
Court Reporters	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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			

Name of person who prepared this report:
 Title: owner Phone #: (315) 735-7429
 Preparer's Signature: Gretchen A Kupiec
 Date Prepared: / /

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Department of Corrections & Community Supervision
 Contract Number: ~~3250226~~ *C000820* Agency Business Unit: DOC01
 Contract Term: 07/01/2022 to 06/30/2023 Agency Department ID: 3250226
 Contractor Name: E-Scribers
 Contractor Address: 245 8th Avenue, #901, New York, NY 10011
 Description of Services Being Provided: Hearing Reporter 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
Admin Employees	4.00	6,049.00	\$150,116.00
First/Mid Level Manager	2.00	2,185.00	\$90,406.00
Senior Level Manager	1.00	120.00	\$11,232.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	8,354.00	\$251,754.00
Grand Total			

Name of person who prepared this report: Yael Sagy Hagag
 Title: HR Manager Phone #: _____
 Preparer's Signature: *Yael Sagy Hagag*
 Date Prepared: 04/19/2023

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: Department of Corrections and Community Supervision
 Contract Number: C110002 Agency Business Unit: DOH01
 Contract Term: 03/15/2021 to 03/14/2025 Agency Department ID: 3450000
 Contractor Name: DentServ Dental Services P.C.
 Contractor Address: 15 Canal Rd, Pelham Manor, NY 10803
 Description of Services Being Provided: Dental Services at Elmira Correctional Facility

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
29-1021.00	1.00	1,752.81	394,382.25
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,752.81	\$394,382.25
Grand Total	1.00	1,752	\$394,382.25

Name of person who prepared this report: Jeremy Pasternak
 Title: VP of Operations Phone #: 914-738-1144
 Preparer's Signature: 
 Date Prepared: 4/24/23

New York State Consultant Services

Contractor's Annual Employment Report

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

Contracting State Agency Name: **Department of Corrections and Community Supervision**

Contract Number: [C161210] Agency Business Unit: DOC01
 Contract Term: 7/1/2018 to 6/30/2023 Agency Department ID: 3250226
 Contractor Name: [Interfaith Hospitality Center]
 Contractor Address: [1565 Pennsylvania Ave. Box 364] [Pine City], [NY] [14871]
 Description of Services Being Provided: [Description]

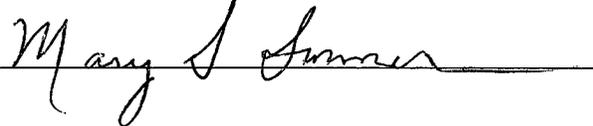
Scope of Contract (Choose one that best fits):

- 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
Site Coordinator April/May 2022	1	112	84 at \$15. = \$1260.
June (medical leave) July2022	1	48	48 at \$15. = \$720.
August/September 2022	1	128	128 at \$15. = \$1920.
October/November 2022	1	152	114 at \$15. = \$1710.
December 2022	1	72	54 at \$15. = \$810.
January/ February 2023	1	136	102 at \$15. = \$1530.
March 2023	1	64	48 at \$15. = \$720.
Total this page	1	712	534 hours = \$8010.
Grand Total		712	534 hours = \$8010.

Name of person who prepared this report: [Mary S. Skinner]

Title: [Board Consultant on Grants] Phone #: (607)742-0248

Preparer's Signature: Mary S. Skinner 

Date Prepared: 05/15/2023

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: Department of Corrections and Community Supervision
 Contract Number: [C161482] Agency Business Unit: DOC01
 Contract Term: 04/01/2022 to 03/31/2023 Agency Department ID: 3250226
 Contractor Name: [SWANK MOTION PICTURES, INC.]
 Contractor Address: [10795 WATSON RD] [ST. LOUIS], [MO] [63127]
 Description of Services Being Provided: PROVIDE CUSTOMERS PUBLIC PERFORMANCE LICENSES TO SHOW MOVIE/TV CONTENT IN A NON-THREATRICAL PUBLIC SETTING

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
			\$129,684.23

****At Swank Motion Pictures (SMP) we provide only a license to the DOCCS which allows incarcerated individuals the ability to view movies/videos. We do not have individuals that actively work on the contract or provide consulting services which is why I left the number of employees and hours blank. In addition, as we have a unique business none of the above categories fit very well so I selected "Legal" since a public performance requires a license.**

Total this page			\$129,684.23
Grand Total			\$129,684.23

Name of person who prepared this report: [MICHAEL WUNDERLICH]

Title: [CONTROLLER] Phone #: (314) 984-6122

Preparer's Signature:

Date Prepared: 04/24/2023

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: _____
 Contract Number: PA110180 Agency Business Unit: _____
 Contract Term: / / to / / Agency Department ID: _____
 Contractor Name: NCS Pearson, Inc.
 Contractor Address: 5601 Green Valley Drive, Bloomington, MN 55437
 Description of Services Being Provided: Certification exams, practice tests, and learning materials

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
N/A - see comment below	0.00	0.00	\$0.00
This contract is for the purchase of commercially available, off the shelf certification products. No individual services are being provided.	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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			

Name of person who prepared this report: Craig Bushman
 Title: Certiport General Manager
 Preparer's Signature: 
 Date Prepared: 04/20/2023
 Phone #: 801-847-3100

JDM
JDM

AC 3271-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2022 to March 31, 2023
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Contracting State Agency Name: Department of Corrections and Community Supervision	
Contract Number: PB090AB	Agency Business Unit: DOC01
Contract Term: 7/1/2019 to 4/15/2023	Agency Department ID: 3250226
Contractor Name: GCOM Software LLC	
Contractor Address: 9175 Guilford Rd, Suite 101 Columbia MD, 21406	
Description of Services Being Provided: Consulting Services - Information and Technology Solutions And Services	
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 checked="" 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 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	

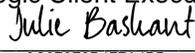
Employment Category	Number of Employees	Number of Hours to Worked	Amount Payable Under the Contract
15-1131.00	9	5158	\$546,694.93
Total this page	9	5158	\$546,694.93
Grand Total	9	5158	\$546,694.93

Name of person who prepared this report: Julie Bashant

Title: Vice President, Strategic Client Executive

Phone #: 518-420-8447

Preparer's Signature: _____

DocuSigned by:

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Date Prepared: 4/25/2023

Page 1

(Use additional pages, if necessary)

of 1