

RFP # C000729 - SPECIALIZED STAFFING TO PROVIDE APPLICATION DEVELOPMENT SUPPORT SERVICES

NYS CONSULTANT DISCLOSURE REPORTING REQUIREMENTS CONTRACTOR INSTRUCTIONS

Background:

Pursuant to New York State Finance Law Section 163(4)(g), state agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract, such report to include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Contractors selected for award on the basis of a procurement issued by the New York State Office of Information Technology Services (ITS) (Request for Proposals, Request for Quotations, Mini-Bid, or Invitation for Bids) must complete Form A, New York State Consultant Services — Contractor's Planned Employment from Contract Start Date through the End of the Contract Term (AC 3271-S) upon notification of award. The completed Form A must include information for all employees that will be providing services under the contract, whether employed by the contractor or by a subcontractor.

Contractors selected for award are also required to complete Form B, State Consultant Services Contractor's Annual Employment Report annually for each year of the contract term, on a State fiscal year basis. The first report is due May 15 for the period April 1 through March 31 of the most recently concluded State fiscal year or portion thereof.

Form A must be submitted to ITS as the contracting agency, and Form B must be submitted to ITS (as the contracting agency), the Department of Civil Service, and the Consultant Reporting Section of the Bureau of Contracts at OSC, at the addresses provided in these instructions.

Instructions:

FORM A:

<u>Upon notification of contract award</u>, use Form A, New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term (AC 3271-S), attached to these instructions, to report the necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

Complete Form A for contracts for consulting services in accordance with the following:

Employment category: the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees anticipated to be providing services under the contract. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration website at www.online.onetcenter.org.)



RFP # C000729 - SPECIALIZED STAFFING TO PROVIDE APPLICATION DEVELOPMENT SUPPORT SERVICES

NYS CONSULTANT DISCLOSURE REPORTING REQUIREMENTS

CONTRACTOR INSTRUCTIONS

- Number of employees: the total number of employees in the employment category employed anticipated to provide services under the contract, including part time employees and employees of subcontractors.
- Number of hours to be worked: the total number of hours anticipated be worked by the
 employees in the employment category.
- Amount payable under the contract: the total amount payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services to be provided during the Report Period.

Send a completed and signed copy of Form A within 48 hours of notification of selection for award to ITS (as the contracting agency), scanned as a PDF, by e-mail to ITS.sm.BestValue@its.nv.qov, with "Consultant Disclosure Form A" in the subject line.

FORM B:

Use Form B, New York State Consultant Services Contractor's Annual Employment Report, attached to these Instructions, to report the annual employment information required by the statute. This form will capture historical information, detailing actual employment data for the most recently concluded State fiscal year (April 1 – March 31). Submit Form B to ITS (as the contracting Agency), the Department of Civil Service (DCS), and to the Consultant Reporting Section of the Bureau of Contracts at OSC at the addresses listed below.

Complete Form B for contracts for consulting services in accordance with the following:

- Scope of Contract: a general classification of the single category that best fits the predominate nature of the services provided under the contract.
- Employment Category: the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract. (Note: Access the O*NET database, through the US Department of Labor's Employment and Training Administration website at www.online.onetcenter.org.)
- Number of Employees: the total number of employees in the employment category employed that provided services under the contract during the Report Period, including part time employees and employees of subcontractors.
- Number of hours worked: the total number of hours worked during the Report Period by the employees in the employment category.
- Amount Payable under the Contract: the total amount paid or payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.



RFP # C000729 - SPECIALIZED STAFFING TO PROVIDE APPLICATION DEVELOPMENT SUPPORT SERVICES

NYS CONSULTANT DISCLOSURE REPORTING REQUIREMENTS CONTRACTOR INSTRUCTIONS

Submit the completed Form B by May 15 for the period April 1 through March 31, and annually by May 15th thereafter for each State fiscal year (or portion thereof) the contract is in effect, as follows:

To ITS (as the contracting Agency):

By e-mail:

Send a signed, scanned copy to ITS.sm.contracts@its.ny.gov with "Consultant

Disclosure Form B" in the subject line.

To the Consultant Reporting Section of the Bureau of Contracts at OSC:

By mail:

NYS Office of the State Comptroller

Bureau of Contracts 110 State Street, 11th Floor

Albany, NY 12236

Attn: Consultant Reporting

By e-mail (preferred):

Send a signed, scanned copy to CDMOST@osc.ny.gov with "Consultant

Disclosure Form B" in the subject line.

To DCS:

By mail:

NYS Department of Civil Service

Attn: Executive Office

Alfred E. Smith Office Building

Albany, NY 12239

By e-mail (preferred):

Send a signed, scanned copy to SubmitformB@cs.ny.gov with "Consultant

Disclosure Form B" in the subject line.

FORM A

New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End Of The Contract Term

State Agency Name: NYS Office of Information Technology Services

State Agency Department ID: 1380000

Agency Business Unit: OFT01

Contractor Name: Experis US LLC

Contract Number: C000729

Contract Start Date: 1/1/2025

Contract End Date: 12/31/2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Computer Systems Engineers/Architects	3	31200	\$3,744,000.00
Web and Digital Interface Designers	1	10400	\$1,248,000.00
Network and Computer Systems Administrators	2	20800	\$2,350,400.00
Software Developers	2	20800	\$2,350,400.00
Computer Systems Analysts	4	41600	\$5,200,000.00
Total this page	12	124800	\$14,892,800.00
Grand Total	12	124800	\$14,892,800.00

Name of person who prepared this report: Michael Corley

Title: Managing Director

Phone #: 908-507-2754

Preparer's Signature:

Date Prepared: 11/15/2024

1

(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, to March 31,

Contracting State Agency Name: NY	S Office of Infor	mation Technology Serv	ices		
Contract Number:		Agency Business Unit: OFT01			
Contract Term: / / to / /		Agency Department ID: 1380000			
Contractor Name:					
Contractor Address:					
Description of Services Being Providence	ded:				
Scope of Contract (Choose one that best fits):					
☐ Analysis ☐ Evaluation	Research	☐ Training			
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting					
☐ Engineering ☐ Architect Se	ervices 🔲	☐ Surveying ☐ Environmental Services			
☐ Health Services ☐ Mental Health Services					
☐ Accounting ☐ Auditing	☐ Paralegal	☐ Legal ☐ Ot	☐ Legal ☐ Other Consulting		
	Number of Number of		Amount Payable		
Employment Category	Employees	Hours Worked	Under the Contract		
Total this page		0 0	\$ 0.00		
Grand Total					
Name of person who prepared this re	port:		-		
Title:		Phone #:			
Preparer's Signature:					
Date Prepared: / /					
(Use additional pages, if necessary)			Page of		