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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:

Upon notification of contract award, 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.**onet**center.org.)

- **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.ny.gov, with "Consultant Disclosure Form A" in the subject line.

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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.**onet**center.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.

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.

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FORM A

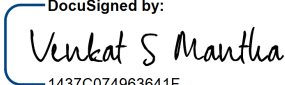| New York State Consultant Services |
|---|
| **Contractor's Planned Employment** |
| From Contract Start Date Through the End of The Contract Term |

State Agency Name: **NYS Office of Information Technology Services**	
State Agency Department ID: 1380000	Agency Business Unit: OFT01
Contractor Name: Indotronix International Corporation	Contract Number: C000729
Contract Start Date: 01/01/2025	Contract End Date: 31/12/2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
System Integration Engineer-Level 1	1	10400	$ 884,000.00
System Integration Engineer – Level 2	1	10400	$ 1,144,000.00
DevOps Engineer - Level 1	1	10400	$ 832,000.00
DevOps Engineer - Level 2	1	10400	$ 1,040,000.00
Automation Engineer - Level 1	1	10400	$ 780,000.00
Automation Engineer - Level 2	1	10400	$ 988,000.00
UX Engineer-Level 1	1	10400	$ 780,000.00
UX Engineer-Level 2	1	10400	$ 988,000.00
PeopleSoft Administrator-Level 1	1	10400	$ 936,000.00
PeopleSoft Administrator-Level 2	1	10400	$ 1,144,000.00
PeopleSoft HCM Conversion Expert-Level 1	1	10400	$ 988,000.00
PeopleSoft HCM Conversion Expert-Level 2	1	10400	$ 1,300,000.00
PeopleSoft Developer-Level 1	1	10400	$ 988,000.00
PeopleSoft Developer-Level 2	1	10400	$ 1,144,000.00
Batch Administrator-Level 1	1	10400	$ 936,000.00
Batch Administrator-Level 2	1	10400	$ 1,144,000.00

(Use additional pages, if necessary)

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PeopleSoft Functional Analyst - PeopleSoft 9.2 HCM: Core HR, Position Management, ePerformance - Level 1	1	10400	$ 988,000.00
PeopleSoft Functional Analyst - PeopleSoft 9.2 HCM: Core HR, Position Management, ePerformance – Level 2	1	10400	$ 1,248,000.00
PeopleSoft Functional Analyst PeopleSoft 9.2 HCM: Base Benefits, eBenefits and Benefit Administration – Level 1	1	10400	$ 988,000.00
PeopleSoft Functional Analyst PeopleSoft 9.2 HCM: Base Benefits, eBenefits and Benefit Administration – Level 2	1	10400	$ 1,248,000.00
PeopleSoft Functional Analyst PeopleSoft 9.2 Financials: General Ledger, Accounts Receivables, Commitment Control – Level 1	1	10400	$ 936,000.00
PeopleSoft Functional Analyst PeopleSoft 9.2 Financials: General Ledger, Accounts Receivables, Commitment Control – Level 2	1	10400	$ 1,248,000.00
PeopleSoft Functional Analyst - PeopleSoft 9.2 Enterprise Learning Management (ELM) – Level 1	1	10400	$ 988,000.00
PeopleSoft Functional Analyst - PeopleSoft 9.2 Enterprise Learning Management (ELM) – Level 2	1	10400	$1,300,000.00
Total this page	24	249600	$ 24,960,000.00
Grand Total	**24**	**249600**	**$ 24,960,000.00**

Name of person who prepared this report: Venkat S Mantha	
Title: President	Phone #: 8455593577

Preparer's Signature:

DocuSigned by:

Venkat S Mantha

1437C074963641F...

Date Prepared: 11/27/2024	Page 2 of 2

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FORM B

<table>
<tr><td colspan="4" align="center">New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1,   to March 31,</td></tr>
</table>

Contracting State Agency Name: **NYS Office of Information Technology Services**	
Contract Number:	Agency Business Unit: OFT01
Contract Term: / / to / /	Agency Department ID: 1380000
Contractor Name:	
Contractor Address:	
Description of Services Being Provided:	

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
Total this page	0	0	$ 0.00
Grand Total			

Name of person who prepared this report:

Title: Phone #:

Preparer's Signature:

Date Prepared: / /

(Use additional pages, if necessary)   Page   of