



## **Appendix H- OSC 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 OSC (Request for Proposals, Request for Quotations, Mini-Bid, or Invitation for Bids) must complete **Form A, State Consultant Services – Contractor’s Planned Employment from Contract Start Date through the End of the Contract Term** 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 OSC as the contracting agency, and Form B must be submitted to OSC (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, State Consultant Services Contractor’s Planned Employment From Contract Start Date Through the End of the Contract Term**, 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](http://www.online.onetcenter.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.



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- **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.

**Submit completed Form A within 48 hours of notification of selection for award to OSC (as the contracting agency) at the address listed below.**

#### **FORM B:**

Use **Form B, 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 OSC (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](http://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.



## Office of Information Technology Services

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

**To ITS (as the contracting Agency):**

**NYS Office of Information Technology Services - Procurement & Contract Services**

Attn: Consultant Reporting  
ESP, Swan Street Building - Core 4  
Albany, NY 12220

-- and --

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

**NYS Office of the State Comptroller**

Attn: Consultant Reporting  
110 State Street - 11th Floor  
Albany, New York 12236  
By fax: (518) 474-8030 or (518) 473-8808

-- and --

**To the NYS Department of Civil Service:**

**NYS Department of Civil Service**

Attn: Consultant Reporting  
Albany, New York 12239

**FORM A**

New York State Consultant Services <b>Contractor's Planned Employment</b> From Contract Start Date Through The End Of The Contract Term
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State Agency Name: <b>Office of the State Comptroller</b>	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: GCOM Software LLC	Contract Number: C000801
Contract Start Date: 11/26/2024	Contract End Date: 11/25/ 2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
System Integration Engineer, Level I, 15-1299.08	5	10,400	\$6,292,000.00
System Integration Engineer, Level II, 15-1299.08	10	10,400	\$14,144,000.00
DevOps Engineer, Level I, 15-1252.00	5	10,400	\$6,552,000.00
DevOps Engineer, Level II, 15-1252.00	10	10,400	\$15,080,000.00
Automation Engineer, Level I, 15-1299.08	5	10,400	\$5,772,000.00
Automation Engineer, Level II, 15-1299.08	10	10,400	\$15,080,000.00
UX Engineer, Level I, 15-1252.00	5	10,400	\$5,772,000.00
UX Engineer, Level II, 15-1252.00	10	10,400	\$14,664,000.00
PeopleSoft Administrator, Level I, 15-1299.08	2	10,400	\$2,620,800.00
PeopleSoft Administrator, Level II, 15-1299.08	3	10,400	\$4,898,400.00
PeopleSoft HCM Conversion Expert, Level I, 15-1252.00	4	10,400	\$5,241,600.00
PeopleSoft HCM Conversion Expert, Level II, 15-1252.00	6	10,400	\$9,796,800.00
PeopleSoft Developer, Level I, 15-1252.00	5	10,400	\$6,552,000.00
PeopleSoft Developer, Level II, 15-1252.00	10	10,400	\$16,328,000.00
Batch Administrator, Level I, 15-1252.00	2	10,400	\$2,724,800.00
Batch Administrator, Level II, 15-1252.00	3	10,400	\$4,555,200.00
PeopleSoft Functional Analyst – PeopleSoft 9.2 HCM: Core HR, Position Management, ePerformance, Level I, 15-1211.00	2	10,400	\$2,620,800.00
<b>Total this page</b>	<b>97</b>	<b>176,800</b>	<b>\$138,694,400.00</b>
<b>Grand Total</b>	<b>See next page</b>	<b>See next page</b>	<b>See next page</b>

Name of person who prepared this report: Julie Bashant

Title: VP, Account Executive

Phone #: (518) 420-8447

Preparer's Signature: 

Date Prepared: 11/26/ 2024

(Use additional pages, if necessary)

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**FORM A**

New York State Consultant Services <b>Contractor's Planned Employment</b> From Contract Start Date Through The End Of The Contract Term
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State Agency Name: <b>Office of the State Comptroller</b>	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: GCOM Software LLC	Contract Number: C000801
Contract Start Date: 11/26/2024	Contract End Date: 11/25/2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
PeopleSoft Functional Analyst – PeopleSoft 9.2 HCM: Core HR, Position Management, ePerformance, Level II, 15-1211.00	3	10,400	\$4,992,000.00
PeopleSoft Functional Analyst PeopleSoft 9.2 HCM: Base Benefits, eBenefits & Benefit Admin., Level I, 15-1211.00	2	10,400	\$2,620,800.00
PeopleSoft Functional Analyst PeopleSoft 9.2 HCM: Base Benefits, eBenefits & Benefit Admin., Level II, 15-1211.00	3	10,400	\$4,992,000.00
PeopleSoft Functional Analyst PeopleSoft 9.2 Financials: General Ledger, Acc Rec., Commitment Control, Level I, 15-1211.00	2	10,400	\$2,620,800.00
PeopleSoft Functional Analyst PeopleSoft 9.2 Financials: General Ledger, Acc Rec., Commitment Control, Level II, 15-1211.00	3	10,400	\$4,992,000.00
PeopleSoft Functional Analyst – PeopleSoft 9.2 ELM, Level I, 15-1211.00	2	10,400	\$2,620,800.00
PeopleSoft Functional Analyst – PeopleSoft 9.2 ELM, Level II, 15-1211.00	3	10,400	\$4,992,000.00
Total this page	18	72,800	\$27,830,400.00
<b>Grand Total</b>	<b>115</b>	<b>249,600</b>	<b>\$166,524,800.00</b>

Name of person who prepared this report: Julie Bashant

Title: VP, Account Executive

Phone #: (518) 420-8447

Preparer's Signature: 

Date Prepared: 11/26/2024

(Use additional pages, if necessary)

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**FORM B**

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

Contracting State Agency Name: <b>Office of the State Comptroller</b>	
Contract Number:	Agency Business Unit: OSC01
Contract Term:     /     /     to     /     /	Agency Department ID: 3050000
Contractor Name:	
Contractor Address:	
Description of Services Being Provided:	

<b>Scope of Contract (Choose one that best fits):</b>				
<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 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 Worked	Amount Payable Under the Contract
Total this page	0	0	\$ 0.00
<b>Grand Total</b>			

Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature:

Date Prepared:     /     /

(Use additional pages, if necessary)

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