

## Exhibit C

New York State Finance Law mandates the annual reporting of certain employment data from vendors that have active consultant services agreements valued above \$15,000 with any New York State agency (including Stony Brook University Hospital).

For new consultant contracts (issued after 6/19/06), vendors must provide the State Consultant Services Contractor's Planned Employment form ("**Form A**") to the contracting agency prior to final execution of the contract. This form is provided only **once** and captures the necessary planned employment information prospectively from the start date of the contract through the end of the contract term.

For all consulting contracts, vendors must provide the State Consultant Services Contractor's Annual Employment Report form ("**Form B**") once each year. This form is provided **annually** and captures historical information, detailing actual employment data for the most recently concluded State fiscal year (April 1 – March 31). Form B must be completed in triplicate and submitted by the vendor to the NYS Department of Civil Service, the Office of the State Comptroller and Stony Brook University Hospital.

**For Form B only**, the first required reporting period will be the 2006-2007 fiscal year, April 1, 2006 – March 31, 2007. The first reports are due no later than May 15, 2007. Thereafter, reports will be due no later than May 15th of each succeeding year.

### Instructions for completing Form A and Form B:

Form A and Form B should be completed for contracts for consulting services in accordance with the following:

**Scope of Contract (Form B only):** 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, which is available through the US Department of Labor's Employment and Training Administration, on-line at [online.onetcenter.org](http://online.onetcenter.org) to find a list of occupations.)

**Number of Employees:** the total number of employees in the employment category employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.

**Number of hours (to be) worked:** for Form A, the total number of hours to be worked, and for Form B, 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.

## OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

## FORM A

## EXHIBIT C

## State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name:

Agency Code:

Contractor Name:

Contract Number:

Contract Start Date: 3/31/2024

Contract End Date: 3/30/2024

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Administrative Services Manager	3	1560	90,304
Office and Administrative Support Workers	2	572	20,079
Manager, All other	2	2132	59,766
Education and Development Specialists	11	833	69,250
Stony Brook Total Fringe (RF staff + State vendor match included in total)			38,031
Vendor Match (included in total on budget page)			28,898
Note: Stony Brook salary+fringe=115,444 Fordham salary. 112,815 Fordham Consultants. 69,250 (without travel) Total 297,509			
Total this page		0	
Grand Total	18	5,097	\$306,328

Name of person who prepared this report: Diana Filiano

Title: Dir. Child Welfare Training Program

Phone #: 631-444-2801

Preparer's Signature:



Date Prepared: 6/18/2024

(Use additional pages, if necessary)

**FORM B**

**OSC Use Only:**

Reporting Code:

Category Code:

## EXHIBIT C-FORM B

## State Consultant Services

## Contractor's Annual Employment Report

**Report Period: April 1,            to March 31,**

Contracting State Agency Name:

Agency Code:

Contract Number:

Contract Term:     /     /     to     /     /

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:

Preparer's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Prepared:     /     /