Office of General Services 1140000

| Contracting State Agency Name: | OGS01 - Office of 0 | General Services | |
|--------------------------------------|------------------------|-------------------------------|--------------------------------------|
| Contract Number: OGS01-C0034 | 28A-1140000 | Agency Business U Services | nit: Office of General |
| Contract Term: 6/10/2013 to 6/9/2 | 2025 | Agency Department | ID: 1140000 |
| Contractor Name: CBRE INC | | | |
| Contractor Address: 200 Park A | venue | | |
| Floor 22 | | | |
| New York, NY 10166 | Real Estate | Services (including ten | ant representation, |
| Description of Services Being Pro | | services, and construc | |
| Scope of Contract (Choose one | that best fits): | | |
| ☐ Analysis ☐ Evaluation | Research [| ☐ Training | |
| ☐ Data Processing ☐ Comput | ter Programming | ☐Other IT consulting | |
| ☐ Engineering ☐ Architect Se | rvices Surve | ying 🔲 Environm | ental Services |
| ☐ Health Services ☐ Mental F | lealth Services | | |
| ☐ Accounting ☐ Auditing | ☐ Paralegal ☐ |] Legal ☑ Othe | r Consulting |
| | | | |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract |
| 13-1111.00 | 6 | 779.5 | \$214,364 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total this page | 6 | 779.5 | \$ 214,364 |
| Grand Total | | | |
| Name of person who prepared this re | port: Peter C. Lark | in | |
| Title: CBRE - Executive Vice Pre | | Phone #: | 202-585-5774 |
| Preparer's Signature: | | | |
| Date Prepared: 4 / 15 / 2025 | _ | | |
| (Use additional pages, if necessary) | | | Page 1 of |

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

| Contracting State Agency Name: OGS01 - Office of C | Contracting State Agency Name: OGS01 - Office of General Services | | | |
|--|---|--|--|--|
| Contract Number: OGS01-C003785-1140000 | Agency Business Unit: Office of General Services | | | |
| Contract Term: 5/28/2019 to 12/31/2027 | Agency Department ID: 1140000 | | | |
| Contractor Name: Power Authority Of The State Of N | ew York (NYPA) | | | |
| Contractor Address: 535 Washington Street, Suite 2 | 02 | | | |
| Buffalo, NY 14203 | | | | |
| Description of Services Being Provided: Energy Services | | | | |
| Scope of Contract (Choose one that best fits): | | | | |
| ☐ Analysis ☐ Evaluation ☐ Research ☐ Training | | | | |
| ☐ Data Processing ☐ Computer Programming ☐ Other IT consulting | | | | |
| I | | | | |
| ☐ Health Services ☐ Mental Health Services | | | | |
| ☐ Accounting ☐ Auditing ☐ Paralegal ☐ | Legal | | | |

| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract |
|---------------------------------|------------------------|------------------------------|-----------------------------------|
| Administrative | 1 | 2.5 | \$135 |
| Executive/Senior Level Managers | 4 | 563 | \$82,622 |
| First Level Managers | 15 | 2,959 | \$209,526 |
| Professionals | 25 | 8,600 | \$555,601 |
| Technician | 2 | 12 | \$443 |
| | | | |
| Total this page | 47 | 12,136 | \$848,328 |
| Grand Total | 47 | 12,136 | \$848,328 |

Name of person who prepared this report: Joseph Bathgate

Title: PM Coordinator

Phone #: 315-591-7034

Preparer's Signature:

Date Prepared: 04/17/2025

(Use additional pages, if necessary)

Page 1 of _1_

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2024 to March 31, 2025

| Contracting State Agency Name: | OGS01 - Office o | | | |
|---|------------------------|-------------------------------|--|--|
| Contract Number: OGS01=C003996-7140000 | | Agency Business U Services | Agency Business Unit: Office of General Services | |
| Contract Term: 11/14/2019 to 11/13/2025 | | Agency Departmen | it ID: 1140000 | |
| Contractor Name: Monumenta Art | t Conservation an | id Finishing, LLC | | |
| Contractor Address: 3 Tribune Lane | | | | |
| Milan, NY 1 | | | | |
| Description of Services Being Pro | vided: Scuipture | Conservation | | |
| Scope of Contract (Choose one | that best fits): | | | |
| ☐ Analysis ☐ Evaluation | Research | ☐ Training | | |
| ☐ Data Processing ☐ Comput | ter Programming | Other IT consulting | 3 | |
| ☐ Engineering ☐ Architect Se | rvices 🔲 Sur | veying | nental Services | |
| ☐ Health Services ☐ Mental H | lealth Services | | | |
| ☐ Accounting ☐ Auditing | ☐ Paralegal | Legal X Othe | or Consulting | |
| | | | | |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract | |
| 25-4013.00 Museum | 5 | 148 | 20,174.85 | |
| technicians+ conservator | 35 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total this page | | | \$ 20,174.85 | |
| Grand Total | | | 20,174.85 | |
| Name of person who prepared this re | port: Ellen | | | |
| Title: Co-Owner | 10 0 | Phone #: | 914-456-5105 | |
| Preparer's Signature: | Kon | | | |
| Date Prepared: 4 24 2025 | 5 | | | |
| (Use additional pages, if necessary) | | | Page 1 of / | |

| Contracting State Agency Name: | OGS01 - Office of | | |
|---|---------------------|---------------------------------------|--------------------------------------|
| Contract Number: OGS01-C0042 | 29-1140000 | 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | nit: Office of General |
| | | Services | |
| Contract Term: 6/15/2020 to 6/14/2025 Agency Department ID: 1140000 | | | t ID: 1140000 |
| Contractor Name: TRISTAR Risk | | ement, Inc. | |
| Contractor Address: 100 Ocean | • | | |
| | h, CA 90802 | 0 | 0 |
| Description of Services Being Pro | | Claims Administration | Services |
| Scope of Contract (Choose one | | | |
| ☐ Analysis ☐ Evaluation | Research | ☐ Training | |
| ☐ Data Processing ☐ Comput | ter Programming | Other IT consulting | |
| ☐ Engineering ☐ Architect Se | rvices 🗌 Surv | eying | ental Services |
| ☐ Health Services ☐ Mental F | lealth Services | | |
| ☐ Accounting ☐ Auditing | Paralegal | ☐ Legal ☒ Othe | r Consulting |
| | | | |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract |
| Claims Adjusters, Examiners | | | |
| and investigators | 4 | 8,320 | |
| | | | |
| First Line Supervisor of Office Workers | .75 | 1,560 | |
| | | | |
| Office Clerks, General | 2 | 3,900 | |
| | | | |
| | | | |
| | | | |
| Total this page | 6.75 | 13,780 | \$795,254.00 |
| Grand Total | 6.75 | 13,780 | \$795,254.00 |
| Name of person who prepared this re | port: J. Lee Kramer | | |
| Title: Area Manager Casualty | Phone #: 267-653 | -6016 Date Prepare | ed: 04/04/2025 |
| and the second | . 0 | -0 | |
| Preparer's Signature: | ramer | | |
| (Use additional pages, if necessary) | U | | Page 1 of _1 |

| Contracting State Agency Name: | OGS01 - Office of 0 | General Services | |
|--|------------------------|------------------------------|--------------------------------------|
| Contract Number: OGS01-C004291-1140000 Agency Business Unit: Office of General Services | | | nit: Office of General |
| Contract Term: 7/23/2020 to 7/22/2025 Agency Department ID: 114 | | | ID: 1140000 |
| Contractor Name: Read & Laniado LLP | | | |
| Contractor Address: 25 Eagle S | | | |
| | 12207-1901 | \ <i>(</i> =) | |
| Description of Services Being Pro | | insel (Energy) | |
| Scope of Contract (Choose one | | 7 | |
| Analysis Evaluation | Research | Training | |
| | ter Programming | Other IT consulting | |
| ☐ Engineering ☐ Architect Se | | ying | ental Services |
| Health Services | Health Services | | |
| Accounting Auditing | ☐ Paralegal ☑ | Legal Othe | Consulting |
| | | | |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract |
| 23-1011.00 | 3 | 78.40 | 19840.00 |
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| | | | |
| Total this page | | 0 100 | \$ 16739.50 |
| Grand Total | | Amount Paid | \$ 16739.50 \$16739.50 |
| | Stenhanie Hovt | | Ψ10700.00 |
| Name of person who prepared this re Title: Office Manager | sport: Otophania Floyt | Phone #: | 518-465-9313 |
| John Later | day the | Phone #. | 7 |
| Preparer's Signature: Date Prepared: 4 /1 /2025 | - Cump | 1 | |
| (Use additional pages, if necessary) | 2 | ~ | Page 1 of1_ |
| (Use additional pages, if necessary) | | | ago i oi |

| Contracting State Agency Name: | OGS01 - Office of 0 | | |
|---|---------------------------------------|-------------------------------|---|
| Contract Number: OGS01-C0045 | 37-1140000 | Agency Business U Services | nit: Office of General |
| Contract Term: 7/8/2022 to 7/7/20 |)27 | Agency Department | ID: 1140000 |
| Contractor Name: Williamstown A | rt Conservation Ce | nter | |
| Contractor Address: 227 South | Street | | |
| | n, MA 01267 | | |
| Description of Services Being Pro | | sional Art Conservation | on |
| Scope of Contract (Choose one | that best fits): | | |
| ☐ Analysis ☐ Evaluation | Research | Training | |
| ☐ Data Processing ☐ Comput | ter Programming | Other IT consulting | |
| ☐ Engineering ☐ Architect Se | rvices | ying 🔲 Environm | ental Services |
| ☐ Health Services ☐ Mental F | lealth Services | | |
| ☐ Accounting ☐ Auditing | ☐ Paralegal ☐ |] Legal ☑ Othe | r Consulting |
| | | | |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract |
| Conservator Conservator Conservator | 1 | 222.0 5.5 | \$ 8,693.52 \$ 239.97 |
| Conservator Conservator | 1 | 264.75 | \$10,166.40 |
| Conservator Technician | 1 | 7.5 64.0 68.25 | \$ 286.13 \$ 1,997.44 \$ 1,625.72 |
| Technician Technician | ¹ 1 | 2.5 9.5 | \$ 84.68 \$ 260.40 |
| Technician Technician | 1 | 7.75 88.25 | \$ 192.74 \$ 2,288.32 |
| Technician | 1 | 2.0 | \$ 50.74 |
| Technician Intern | 1 | 37.0 | \$ 666.00 |
| | | | |
| | | | |
| Total this page | 12 | 779.0 | \$ 26,552.06 |
| Grand Total | 12 | 779 | \$26,552.06 |
| Name of person who prepared this re | port: Michelle DeRose | | |
| Title: Finance and Administrative Associate | · · · · · · · · · · · · · · · · · · · | Phone #: | 413 458 5741 |
| Preparer's Signature: | mu Dekose | | |
| Date Prepared: 04 / 18 / 2025 | _ | | |
| (Use additional pages, if necessary) | | | Page 1 of <u>1</u> |

| Contracting State Agency Name: | OGS01 - Office of (| | |
|--|------------------------|--|--------------------------------------|
| Contract Number: OGS01-C004767-1140000 | | Agency Business Unit: Office of General Services | |
| Contract Term: 10/1/2023 to 12/23 | 3/2028 | Agency Department | ID: 1140000 |
| Contractor Name: Alliant Insuranc | e Services, Inc. | | |
| Contractor Address: 101 Park A | • | | |
| New York, I | | | |
| Description of Services Being Pro | | roker of Record | |
| Scope of Contract (Choose one | | | |
| Analysis Evaluation | Research | Training | |
| ☐ Data Processing ☐ Comput | er Programming | Other IT consulting | |
| ☐ Engineering ☐ Architect Se | rvices | ying | ental Services |
| ☐ Health Services ☐ Mental F | lealth Services | | |
| ☐ Accounting ☐ Auditing | ☐ Paralegal ☐ | Legal X Othe | r Consulting |
| | | | · |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract |
| nsurance 41-3021.00 | 13,300 | 137 | \$19,797.00 |
| | | | |
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| | | | |
| | | | A 40 F0F 00 |
| Total this page | | | \$ 19,797.00 |
| Grand Total | | | \$ 19,797.00 |
| Name of person who prepared this re | eport: Courtney Ra | | 040 000 0400 |
| Title: Senior Vice President | 75 | | 949-660-8133 |
| | ourtney Ran | nirez | |
| Date Prepared: 3 / 31 / 2025 | - (| 8 | |
| (Use additional pages, if necessary) | | | Page 1 of <u>1</u> |

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1,2024 to March 31, 2025

| Contracting State Agency Name: Offi | co of General Service | ac | |
|---------------------------------------|--|--------------------------|------------------------|
| Contracting State Agency Name: Office | | | Procurement Services |
| Contract Number: OGS01-C004859-11400 | | (OGS01) | |
| Contract Term: 12/17/2024 to 12/16/2 | 2029 | Agency Department II | D: 3860000 |
| Contractor Name: Periscope Holdings | | | |
| | nerican Blvd. v York, 12110 | | |
| Description of Services Being Provide | ed: | | 2 000 N NO 10 |
| Manage fee collection, administrative | to the state of th | promotional services for | Centralized Contracts. |
| Scope of Contract (Choose one tha | at best fits): | | |
| ☐ Analysis ☐ Evaluation | Research | Training | |
| ☐ Data Processing ☐ Comput | ter Programming | | |
| ☐ Engineering ☐ Architect Se | rvices Surve | ying | ental Services |
| ☐ Health Services ☐ Mental F | Health Services | | |
| ☐ Accounting ☐ Auditing | Paralegal |] Legal | r Consulting |
| | | | |
| | | | |
| | Number of | Number of Hours | Amount Payable |
| Employment Category | Employees | to Worked | Under the Contract |
| General Management | 1 | 168 | \$69,101.54 |
| Administration & Analysis | 1 | 32 | \$9,810.91 |
| Supplier Account Management | 2 | 79 | \$16,251.43 |
| Buyer Enablement | | | |
| Supplier Compliance | 5 | 229 | \$35,314.21 |
| Program Coord and Support | 3 | 78.5 | \$18,569.31 |
| | | | |
| | | | |
| | - | | |
| Total this page | | 587 | \$149,047.40 |
| Grand Total | | | \$149.047.40 |
| Name of person who prepared this re | eport:Nicholas Su | usi_ | |
| Title: Sr Director TRX Program Succ | ess | Phone#:6 | 09-699-5499 |
| Preparer's Signature: | or fring. | | |
| Date Prepared: 05/05/25 | | | |
| (Use additional pages, if necessary) | | | Page 1 of 1 |

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New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

| Report i ellod. | . Apili 1, 202 1 | to March 31, 202 | .0 |
|---|---|--|--------------------------------------|
| Contracting State Agency Name: Contract Number: PH68617 Contract Term: 7/1/2019 to 6/3 Contractor Name: MVP Consulting Contractor Address: 401 New Karne Description of Services Being Prov | 0/2029 Plus, Inc. er Rd., 3rd Fl., | Agency Business Agency Department Albany, NY 12205 | |
| ☐ Data Processing ☐ Computer☐ Engineering ☐ Architect Servic☐ Health Services ☐ Mental Health | Research Programming ces Surve Ith Services | | ental Services |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 15-119.09 OCHBIT13503 | 1.00 | 1031.00 | \$94047.82 |
| | 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 | 1031.00 | \$94047.82 |
| Grand Total | 1.00 | 1031.00 | \$94047.82 |
| Name of person who prepared this | report: Nancy | Gordon | |

Title: Contract Manager Phone #: 518-218-1700

Preparer's Signature:

Date Prepared: 5/6/2025

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: New York State Office of General Services

Contract Number: PH68624
Agency Business Unit: OGS01
Agency Department ID: 1140000

Contract Term: 07/01/2019 to 06/30/2029 Contractor Name: Sligo Software Solutions Inc.

Contractor Address: 12 Metro Park Road, Suite 112, Albany, NY-12205

Description of Services Being Provided: Hourly Based Information Technology

| 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 Ser | vices | | |
| ☐ Accounting ☐ Auditing ☐ Parale | gal 🗌 Legal | ☐ Other Consulting | |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| Project Manager - Expert OCHBIT12617 | 1.00 | 352.00 | \$30,039.68 |
| | 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 | 352.00 | \$30,039.68 |
| Grand Total | 1.00 | 352.00 | \$30,039.68 |

| name of person who p | repared this repo | n: Deepika Narahari |
|----------------------|-------------------|---------------------|
|----------------------|-------------------|---------------------|

Title: HR-Manager Phone #: 518-800-4098

Preparer's Signature:

Date Prepared: 04/28/2025

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2024 to March 31, 2025

| Contracting State Agency Name: | 0 | ffice of General S | Ser | vices | | | |
|---|-----|---------------------|-----|------------------------|---|-----------------------------------|--|
| Contract Number: PN691AC | | | A | gency Business Unit: | | 0 | |
| | | | | | | | |
| | | | A | gency Department ID: | | 0 | |
| | | | | | | | |
| Contract Term: 11/12/2024 | | То | | 11/30/2025 | | | |
| Contractor Name: New York State Tec | hnc | | C | |) | | |
| | | | | - | • | | |
| Contractor Address: 99 Otis Street, 2 nd Floor, Rome, NY 13441 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Description of Services Being Provided: OGS HBITS Contract Improvements | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Scope of Contract (Choose one that | hee | t fite): | _ | | _ | | |
| Analysis Evaluation | | Research | Г | Training | | | |
| Data Processing Computer Programming | x | Other IT Consulting | _ | d . | | | |
| Engineering Architect Services | | Surveying | П | Environmental Services | | | |
| Health Services Mental Health Services | | | | | T | | |
| Accounting Auditing | | Paralegal | Π | Legal | | Other Consulting | |
| HIII. | | | _ | | Ξ | | |
| Employment Category | | | | Number of | N | lumber of hours to Amount Payable | |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|------------------------|---------------------------------|--------------------------------------|
| 11-3021.00 Computer and Information Systems Manager | 8.00 | 353.50 | \$ 59,839.97 |
| | | | |
| | | | |
| | | _ | |
| | | | |
| Total this page | 8.00 | 353.50 | \$ 59,839.97 |
| Grand Total | 8.00 | 353.50 | \$ 59,839.97 |

Name of person who prepared this report: Michael J. Tallman

Marl Jteller

Title: Contracts Manager

Phone #: 315-334-7843 mtallman@nystec.com

Preparer's Signature:

Date Prepared: 04-28-2025

(Use additional pages, if necessary)

Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2024 to March 31, 2025

| Contracting State Assess Normal | 00004 055 | | | | | | | | |
|--|------------------------|-------------------------------|--------------------------------------|--|--|--|--|--|--|
| Contracting State Agency Name: | OGS01 - Office | | 1.1.00 | | | | | | |
| Contract Number: OGS01-S0051 | 43-1140000 | Agency Business (Services | Jnit: Office of General | | | | | | |
| Contract Term: 1/10/2025 to 1/9/2 | 2026 | Agency Department ID: 1140000 | | | | | | | |
| Contractor Name: Makini Chisolm-Straker | | | | | | | | | |
| Contractor Address: 2265 5th Ave Apt 6H | | | | | | | | | |
| NYC, NY 10037 | | | | | | | | | |
| Description of Services Being Provided: Executive Director | | | | | | | | | |
| 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 X Othe | er Consulting | | | | | | |
| | | | | | | | | | |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract | | | | | | |
| Chief Executive | 1 | 375.01 | \$39001.33 | | | | | | |
| | | 010.01 | | | | | | | |
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| | | | | | | | | | |
| Total this page | | 375.01 | \$ 39,001.33 | | | | | | |
| Grand Total | | 375.01 | \$39,001.33 | | | | | | |
| Name of person who prepared this report:Makini Chisolm-Straker | | | | | | | | | |
| Title:Executive Director of NYS Community Commission on Reparations Remedies | | | | | | | | | |
| Phone #:3475609249 | | | | | | | | | |
| Preparer's Signature: | McS | | | | | | | | |
| Date Prepared: _27_/_Mar_/2025_ | | | | | | | | | |
| (Use additional pages, if necessary) | | | Page 1 of _1_ | | | | | | |