# SUNY - Upstate Medical University 3320211

#### FORM B

Contractor's	s Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort		
Contracting State Agency Name: S Contract Number: C 504428 Contract Term: 12/01/22 to 06/30 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	0/2025 y Practice, Inc. treet, Syracuse,	Agency Business L Agency Departmen NY 13210			
Data Processing     Computer Processing     Engineering     Architect Service     Health Services     Mental Health	esearch				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Advanced Practice Psychiatry Nurse - 29-1141.02	1.00	208.00	\$17,550.00		
	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 \$0.00					
	0.00	0.00	\$0.00		
Total this Page Grand Total	1.00	208.00	\$0.00 \$17,550.00		

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Terri West

Phone #: 315-464-3119

Date Prepared: 5/15/2025

(Use additional pages, if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-504726
Contract Term: 07/01/2019 to 06/30/2024
Contractor Name: Pediatrix Medical Group Neonatology and Pediatric Intensive Care Specialists of
New York, P.C.
Contractor Address: 1301 Concord Terrace Sunrise, Florida 23060
Description of Services Being Provided Medical Director, Chief of Service, Quality Officer and On-
Description of Services Being Provided Medical Director, Chief of Service, Quality Officer and On- Call Coverage Services

Scope of Contract (Choose one that b Analysis Architect Service Data Processing Architect Service Health Services Architect Service Accounting Auditing	n Resear Computer Programm ces Survey	ing  Other  ring  Enviro  alth Services	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Physicians 29-1229.00	3	2424	\$30,150
Total this page	3	2424	\$30,150
Grand Total	3	2,424	\$30,150

1

no

Phone #: 847-912-7676

Name of person who prepared this report: Andrea J Zimmerman

Preparer's Signature: in de n 10

Title: Associate Vice President of Operations,

Date Prepared: 04/16/2025

Use additional pages if necessary)

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number:	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Term:to			
Contractor Name:			
Contractor Address:			
Description of Services Being Provide	ed		
			<u> </u>
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing			IT consulting
Engineering Architect Serv	ices Survey	ving Enviror	mental Services
Health Services		ealth Services	
Accounting Auditing			Other Consulting 🗌
	i ululogui 🗀		
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:			
Preparer's Signature:			
Title:	Phone #:		
Date Prepared:			
Use additional pages if necessary)		Page	of

Area: Mail/Send Date:

#### Exhibit Y

#### FORM B

Ex	h	ib	it	Y

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number: C-504757
 Contract Term: 3/30/2020 to 6/30/2025

 Contractor Name: Upstate University Medical Associates at Syracuse, Inc.

Contractor Address: 750 E. Adams Street, Syracuse, NY 13210

Description of Services Being Provided Staff leasing of health service professionals

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 👘 Evaluatio		rch 🗌	Training 🗌
Data Processing	Computer Programmi		T consulting
Engineering Architect Serv			mental Services
Health Services 🗸	Mental He	alth Services 🗌	
Accounting Auditing	Paralegal	Legal 🗌 🤇 🤇	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1141.00 Registered Nurses	1	106	\$ 8,296
21.0002.00 Mailing Lagrange			
31-9092.00 Medical Assistants	6	7,610	\$ 277,818
43-6013.00 Medical Sec & Admin Asst	14	16,466	\$ 605,221
			4 000,001
Total this page	21	24,182	\$ 891,335
Grand Total	21	24,182	\$ 891,335

Name of person who prepared this report: Christine C. Sauve

Preparer's Signature: 126V

Title: Sr. Adminstrative Coordinator

Phone #: \_\_\_\_\_ (315) 464-6853

Date Prepared: <u>4/23/2025</u>

Use additional pages if necessary)

Page 1 of 1

Area: Neurosurgery Mail/Send Date: 4/23/2025

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number: C-504811
 Contract Term: 07/01/2019

 Contract Term: 07/01/2019
 to
 06/30/2024

 Contractor Name: Upstate Emergency Medicine, Inc\_\_\_\_\_\_
 Contractor Address: 550 East Genesee St, Syracuse, NY 13202\_\_\_\_\_\_

Description of Services Being Provided Provider Based Clinical Services PAH, Wound CAre, Medical Toxicology\_\_\_\_\_

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 🗌	Training 🗌
Data Processing	Computer Programmi	ing 🗍 Other	r IT consulting
Engineering Architect Serv	vices Survey	ing 🔲 Enviro	onmental Services
Health Services 🔀	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1069.00	19		\$38,343
29-9099.00	6		
Total this page			
Grand Total	25		\$38,343.00

Name of person who prepared this re-	port: Carlene Dewane	
Preparer's Signature:	A O	
Title: Business Manager	0	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025		

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: C-504859
Contract Term: <u>10/01/2022</u> to <u>09/30/2024</u>
Contractor Name: Upstate Orthopedics, LLP
Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057
Description of Services Being Provided Medical Direction of Orthopedic Services, Orthopedic Spine
Surgery and Orthopedic Hand Surgery Programs

Scope of Contract (Choose one that best fits):				
Analysis 🗌 🛛 Evaluatio	on 🗌 Resear	rch 🗌	Training 🗌	
Data Processing	Computer Programm	ing 🗌 🛛 Other	IT consulting 🗌	
Engineering Architect Serv	ices 🗌 Survey	ing 🗌 🛛 Enviro	nmental Services 🗌	
Health Services	Mental He	alth Services 🔲		
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
Physician Managers				
11-9111.00/29-1242.00	.30	312	\$180,868.50	
11-9111.00/29-1242.00	.10	104	\$48,739.50	
11-9111.00/29-1242.00	.07	73	\$24,367.50	
Total this page	.47	489	\$253,975.50	
Grand Total	.47	489	\$253,975.50	

Name of person who prepared this report: Cynthia Morris

Preparer's Signature:	Unthea	Mario

Title: Accountant

Phone #: <u>315-464-8197</u>

Date Prepared: 04/29/2025

Use additional pages if necessary)

Page l of l

Exhibit Y FORM B **OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate	e Medical University Agency Code: 28110
Contract Number: C-504901	
Contract Term: <u>09/01/2019</u> to <u>08/31/2</u>	024
Contractor Name: University OBGYN Associat	es, Inc.
Contractor Address: 736 Irving Avenue, 3 West	Tower, Syracuse, NY 13210
Description of Services Being Provided Health	care services - Medical Direction

Scope of Contract (Choose one that Analysis Devaluati Data Processing D Engineering Architect Serv Health Services A Accounting Auditing D	on Resea Computer Programm ices Survey Mental He	ving Enviro ealth Services	Training r IT consulting onmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
20 1218 00	Linployees		
29-1218.00	1	130	\$34,375.00
Total this page			
Grand Total	1	130	\$34,375.00
Name of person who prepared this rep	ort: Rachel O'Shea		

Preparer's Signature:

Title: Department Administrator

Phone #: <u>315-470-7903</u>

Date Prepared: 05/20/2025

Use additional pages if necessary)

Page 1 of 1

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Number:toto			
Contractor Name:			
Contractor Name:			
Contractor Address.			
Description of Services Being Provide	a		
Scope of Contract (Choose one that Analysis D Evaluation		rch 🗌	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey		mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal 🗍	Other Consulting
		•	
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:			
Preparer's Signature: Christine C. Sawe			
Title:	Phone #:		
Date Prepared:			
Use additional pages if necessary)		Page	of

Area: Mail/Send Date:

#### FORM B

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

## Report Period: April 1, 2025 to March 31, 2026

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: C-505031	
Contract Term: <u>7/1/2020</u> to <u>6/30/2025</u>	
Contractor Name: University Pathologists Laboratories, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Medical Directors for University	y Hospital Lab

Scope of Contract (Choose one that	hest fits):			
Analysis Evaluation Research Training				
	Computer Programmi		IT consulting	
Engineering Architect Serv			mental Services	
Health Services $\boxtimes$		alth Services		
Accounting Auditing	Paralegal	and a second	Other Consulting	
		Eegui 🗖		
England and Catagory	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
Physicians 29.1069.99	24	21.060 / 41	\$17M+	
		/		
Total this page	24	21060 /yr	\$17M+	
Grand Total	24	21060/yr	\$17M+	
Name of person who prepared this report: Michel Nasr, MD				

Preparer's Signature

Title: | President

Phone #: 315-657-4692

Date Prepared: 04/21/2025

Use additional pages if necessary)

Ringo

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2026 # March 31, 2026

Contracting State Agency Na	me : <u>SUN</u>	IY Upstate Medi	cal University	Agency Code: 28110
Contract Number:	6-50	7109		
Contract Term: <u>7/1/202</u> 5	to	6/30/20 30		
Contractor Name: University	/ Patholog	gists Laboratories	s, LLP	
Contractor Address: 750 Eas	t Adams	Street, Syracuse,	NY 13210	
Description of Services Being Provided Medical Directors for University Hospital Lab				

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv			mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Physicians 29.1069.99	24	21.060/41	\$ 4,258,543
		· ·	
	-		
			-
·			
Total this years	24	A ( D )	440666
Total this page		21060/yr	\$ 4,258,543
Grand Total	24	21060/yr	\$ 4,258,543

Name of person who prepared this report: Michel Nasr, MD

Ri

Preparer's Signature

Title: | President

Phone #: 315-657-4692

Date Prepared: 04/21/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

#### Report Period: April 1, 2025 to March 31, 2026

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>		
Contract Number: C-505998			
Contract Term: <u>10/01/2022</u> to <u>09/30/2027</u>			
Contractor Name: University Pathologists Laboratories, LLP			
Contractor Address: 750 East Adams Street, Syracuse, NY 13210			
Description of Services Being Provided Staff Services			

Scope of Contract (Choose one that         Analysis       Evaluati         Data Processing	on Resea Computer Programm rices Survey	ingOther yingEnviror ealth Services	Training IT consulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Reimbursement for cost of technical and medical support employees	107.25	223,080/yr	~ \$8/M/ Yr
29-2011.00, 31-9097.00, 43-5021.00, 43-6013.00			
Total this page	107.25	223,080/41	\$8M141
Grand Total	107.25	223,080/41	\$8M/yr

Name of person who prepared this report: Michel Nasr, MD

Preparer's Signature:	Prince
1 U 4	

Title: President

Phone #: <u>315-657-4692</u>

Date Prepared: 04/21/2025

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

#### Report Period: April 1, 2025 'o March 31, 2026

Contracting State Agency Name	:SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-505922		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0 ( 10 0 10 0 0 0	

Contract Term: <u>07/01/2022</u> to <u>06/30/2027</u>

Contractor Name: University Pathologists Laboratories, LLP\_

Contractor Address: 750 East Adams Street, Syracuse, NY 13210\_

Description of Services Being Provided Reimbursement for Medicaid Services Provided by Physicians

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 🗌	Training 🗌
	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services
Health Services		alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
<u>``</u>			
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Physicians 29.1069.99	24		40K/Yr
meaid services reimbur	sement		
	24		\$40/K
Total this page			S1.
Grand Total	24		SHOK

Name of person who prepared this report: Michel Nasr, MD

Preparer'	s Signature: 📕	0
Title	President	

Phone #: <u>315-657-4692</u>

Date Prepared: 04/21/2025

Use additional pages if necessary)

FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

#### Report Period: April 1, 2026 ) March 31, 2026

Contracting State Agency Name : SUNY Upstate Medical U	niversity	Agency Code: 28110
Contract Number: T-506297		
Contract Term: <u>10/01/2022</u> to <u>9/30/2027</u>		
Contractor Name: University Pathologists Laboratories, LL	Р	
Contractor Address: 750 East Adams Street, Syracuse, NY	13210	
Description of Services Being Provided Staff Services		

Scope of Contract (Choose one that Analysis D Evaluati Data Processing D Engineering Architect Serv Health Services A Accounting Auditing D	on Resea Computer Programm fices Survey Mental He	ving Enviro: ealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Reimbursement for cost of technical and medical support employees			
	6.6	10-11-	1.200
29-2011.00 and 43-6013.00	, 5 5	1200/41	\$75K
Total this page	.55	120041	\$75K
Grand Total	. 58	1200/41	\$75K

Name of person who prepared this report: Michel Nasr, MD

Preparer's Signature:

Title: President

Phone #: <u>315-657-4692</u>

Date Prepared: 04/21/2025

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

## Report Period: April 1, 2025 to March 31, 2026

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-505031	
Contract Term: <u>7/1/2020</u> to <u>6/30/2025</u>	
Contractor Name: University Pathologists Laboratories, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Medical Directors for University	y Hospital Lab

Scope of Contract (Choose one that	hest fits):		
Analysis Evaluation		rch	Training 🗌
	Computer Programmi		IT consulting
Engineering Architect Serv			mental Services
Health Services $\boxtimes$		alth Services	
Accounting Auditing	Paralegal	and a second	Other Consulting
		Eegui 🗖	
England and Catagory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Physicians 29.1069.99	24	21.060 / 41	\$17M+
		/	
Total this page	24	21060 /yr	\$17M+
Grand Total	24	21060/yr	\$17M+
Name of person who prepared this rep	Michel Nasr,	MD	

Preparer's Signature

Title: | President

Phone #: 315-657-4692

Date Prepared: 04/21/2025

Use additional pages if necessary)

Ringo

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	v Code: <u>28110</u>
Contract Number:	<u> </u>		
Contract Term:to			
Contractor Name:			
Contractor Address.			
Description of Services Being Provide	ed		
	<b>1</b>		
Scope of Contract (Choose one that		. 🗖	
Analysis Evaluati			Training
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
			r
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Midine C. Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

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FORM B

#### FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University       Agency Code: 28110         Contract Number: C-505135				
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       Athen the consulting         Accounting       Auditing       Paralegal       Legal       Other Consulting				
Employment Category	Number of	Number of Hours Worked	Amount Payable Under the Contract	
29-1214.00	Employees	6,729	\$13,687	
29-1214.00	1	0,729	\$15,007	
Total this page				
Grand Total	1	6,729	\$13,687.00	

Name of person who prepared this report: Carlene Dewa	ne
Preparer's Signature:	
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Contract Number: C-505144	Agency Code: <u>28110</u>
Contract Term: July 1, 2020 to June 30, 2025	
Contractor Name: University Surgical Associates, LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Call coverage	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 👘 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices 🗍 🔹 Survey	ving Enviror	mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌
	_	-	_
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		43,800	\$5,931,250
Total this page		43,800	\$5,931,250
Grand Total		43,800	\$5,931,250

Name of person who prepared this report.	Rebecca Reed	
Preparer's Signature:	KN	
Title: Administrative Coordinator	Phone #:	315-464-9810
Date Prepared: <u>2 /12 / 25</u>		

Use additional pages if necessary)

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FORM B

#### FORM B

Contractor	's Annual Em	ultant Services <b>ployment Rep</b> 4 to March 31, 202	oort 25
Contracting State Agency Name: Contract Number: C 505159 Contract Term: 01/20/2020 to C Contractor Name: Psychiatry Facu Contractor Address: 719 Harrison Description of Services Being Prov	09/30/2024 ulty Practice, Inc. Street, Syracuse, I	Agency Business U Agency Departmen NY 13210	t ID: 28110
□ Data Processing □ Computer □ Engineering □ Architect Servic □ Health Services □ Mental Hea	Research	Environmental	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Nurse Practitioner - 29-1171.00	1.00	1,127.00	\$89,140.18
	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	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 \$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	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Terri Weston

Title: CFO

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

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contract Term: <u>10/1/2023</u> to <u>9/30/2026</u>

Contractor Name: Ophthalmology Medical Service Group\_

Contractor Address: 550 Harrison Street, Suite L, Syracuse NY, 13202\_

Description of Services Being Provided Inpatient Rounding Services for University Hospital

Scope of Contract (Choose one that			
Analysis Evaluati		irch	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			mental Services
Health Services 🔀	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Ophthalmologists	6	2,496	\$498,600.00
Total this page	6	2496	498,600
Grand Total	6	2,496	498,600

Name of person who prepared this report: Diedre Boozer

Preparer's Signature:

Title: Business Manager

Phone #: <u>315-464-8129</u>

Date Prepared: 04/16/2025

Use additional pages if necessary)

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUN	Y Upstate Medical U	Iniversity Agency	Code: <u>28110</u>		
Contract Number: C-505177					
Contract Term: <u>07/01/2021</u> to	06/30/2026				
Contractor Name: Upstate Orthopedic	s, LLP				
Contractor Address: 6620 Fly Road, S	te 200 East Syracuse,	NY 13057			
Description of Services Being Provide	d Community Hospi	tal Co-Management Ag	reement		
· · · ·					
	· · · · · · · · · · · · · · · · · · ·				
	<u></u>				
Scope of Contract (Choose one that	best fits):				
Analysis Evaluation Research Training					
Data Processing	Computer Programm		IT consulting 🗌		
Engineering Architect Services Surveying Environmental Services					
Health Services	Mental He	alth Services 🗌			
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌		
England Catagory	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
Physician Managers					
11-9111.00/29-1242.00	3	840	\$500,000.00		

Total this page	3	840	\$500,000.00
Grand Total	3	840	\$500,000.00

Name of person who prepared this report: Cynthia Morris	
Name of person who prepared this report: <u>Cynthia Morris</u> Preparer's Signature: <u>Cynthua</u> <u>Manual</u>	<u></u>
Title: Accountant	Phone #: <u>315-464-8197</u>

Date Prepared: 04/29/2025

Use additional pages if necessary)

Page 1 of 1

FORM B

Contractor's	s Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort
Contracting State Agency Name: S Contract Number: C 505183 Contract Term: 01/10/2025 to 01 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	/9/2028 y Practice, Inc. treet, Syracuse,	Agency Business L Agency Departmen	
<ul> <li>□ Data Processing</li> <li>□ Computer Plant Computer Plant</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Health Services</li> <li>□ Mental Health</li> </ul>	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	198.87	\$39,774.00
	0.00	0.00	\$0.00
0	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
N.	0.00	0.00	\$0.00
Total this Page	1.00	198.87	\$39,774.00
Grand Total	1.00	198	\$39,774.00

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Terri West

Phone #: 315-464-3119

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

FORM B

Contractor's	<b>s Annual En</b> d: April 1, 2024	sultant Services nployment Rep 4 to March 31, 202 edical University Agency Business L	25
Contract Term: 01/1/2020 to 12/3 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	y Practice, Inc. treet, Syracuse.	Agency Departmen	
<ul> <li>□ Data Processing</li> <li>□ Computer Pr</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Health Services</li> <li>○ Mental Health</li> </ul>	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	583.02	\$116,604.00
	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	\$0.00
Total this Page	1.00	583.02	\$116,604.00
Grand Total	1.00	583	\$116,604.00

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: \_\_\_\_\_\_ Veni West

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :<u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: <u>C505210</u>

Contract Term: <u>4/1/2020</u> to <u>3/31/2025</u>

Contractor Name: M.S. Hall & Associates, LLC\_\_\_\_

Contractor Address: 110 W Fayette St. STE 1215, Syracuse, NY 13202\_

Description of Services Being Provided Assistance in filing the FYE 2023 Medicare Bad Debts; assistance with compiling the data necessary to complete the FYE 2023 Medicare Disproportionate Share Percentage as utilized and filed on the Medicare cost report.

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🛛 Evaluati	on 🗌 👘 Resea	rch 🗌	Training
Data Processing 🖂		ing 🗌 Other	· IT consulting
Engineering Architect Serv			onmental Services
Health Services		alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Data Team (Full-Time)	4	254	\$54,000.00
Finance Team (Full-Time)	4	155	\$33,000.00
Total this page	8	409	\$87,000
Grand Total	8	409	\$87,000.00

Name of person who prepared this report: Jason Shay

Preparer's Signature:

Title: Office Manager

Phone #: 3154780425

Date Prepared: 04/17/2025

Use additional pages if necessary)

Page 1 of 1

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name       :SUN         Contract Number:			v Code: <u>28110</u>
Scope of Contract (Choose one that         Analysis       Evaluation         Data Processing       Engineering         Engineering       Architect Serv         Health Services       Accounting         Auditing       Image: Contract of the service of	on Resea Computer Programm ices Survey Mental He	yingEnviron ealth Services	Training IT consulting umental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			l .
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C. Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

## FORM B

Area: Mail/Send Date:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	v Code: <u>28110</u>
Contract Number:toto			
Contractor Name:			
Contractor Name:			
Contractor Address.			
Description of Services Being Provide	2d		<u> </u>
			<u> </u>
Scope of Contract (Choose one that Analysis Devaluati Data Processing D	on 🗌 👘 Resea		Training IT consulting
Engineering Architect Serv	ices Survey		nmental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
	8 1	5	0
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:			
Preparer's Signature: Christine C. Sawe		_	
Title:	Phone #:		
Date Prepared:			
Use additional pages if necessary)		Page	of

# Exhibit Y

# FORM B

Ex	h	ib	it	Y
				_

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 C-505347
 Contract Term: 7/1/2020 to 6/30/2025

 Contractor Name:
 Upstate University Medical Associates at Syracuse, Inc.
 Contract Syracuse, Inc.

Contractor Address: 750 E. Adams Street, Syracuse, NY 13210

Description of Services Being Provided Staff leasing of health service professionals

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	The second		Training 🗌
Data Processing	Computer Programm		IT consulting 🗌
Engineering Architect Serv			mental Services 🗌
Health Services 🗸		alth Services 🗌	
Accounting Auditing	Paralegal		Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
31-9092.00 Medical Assistants	1	1,836	\$ 67,474
43-6013.00 Medical Sec & Admin Asst	4	11,406	\$ 215,792
		11,400	φ213,132
Total this page	5	13,242	\$ 283,266
Grand Total	5	13,242	\$ 283,266

Name of person who prepared this report: <u>Christine C. Sauve</u>

Preparer's Signature: (Listing Same

Title: Sr. Adminstrative Coordinator

Phone #: \_\_\_\_\_ (315) 464-6853

Date Prepared: 4/23/2025

Use additional pages if necessary)

Page 1 of 1

Area: ENT Mail/Send Date: 4/23/2025

FORM B

Contractor's	s Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort
Contracting State Agency Name: S Contract Number: C 505397 Contract Term: 8/1/2020 to 7/31 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	/2025 ty Practice, Inc. Street, Syracuse,	Agency Business L Agency Departmen NY 13210	
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       Other Consulting         Accounting       Auditing       Paralegal       Legal       Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	1,040.00	\$160,884.00
	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	\$0.00
Total this Page	1.00	1,040.00	\$160,884.00
Grand Total	1.00	1,040	\$160,884.00

Name of person who prepared this report: Terri Weston

Tem Wester

Title: CFO

Preparer's Signature:

Phone #: 315-464-3119

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

#### FORM B

Contractor's	S Annual En	sultant Services nployment Rep 4 to March 31, 202	ort	
Report Period: April 1, 2024 to March 31, 2025         Contracting State Agency Name: SUNY Upstate Medical University         Contract Number: C 505398       Agency Business Unit:         Contract Term: 8/1/2020 to 7/31/2025       Agency Department ID: 28110         Contractor Name: Psychiatry Faculty Practice, Inc.       Contractor Address: 719 Harrison Street, Syracuse, NY 13210         Description of Services Being Provided: Medical Direction - IOP       Agency IOP				
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Surveying         Accounting       Paralegal				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Employment Category Psychiatrist - 29-1066.00			Amount Payable Under the Contract \$62,687.32	
	Employees	Hours Worked	Under the Contract	
	Employees 1.00 0.00 0.00	Hours Worked 416.00	Under the Contract \$62,687.32	
	Employees 1.00 0.00 0.00 0.00	Hours Worked 416.00 0.00	Under the Contract \$62,687.32 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00	Hours Worked 416.00 0.00 0.00	Under the Contract \$62,687.32 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 416.00 0.00 0.00 0.00	Under the Contract \$62,687.32 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 416.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$62,687.32 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 416.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$62,687.32 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$62,687.32 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$62,687.32 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$62,687.32 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked           416.00           0.00	Under the Contract \$62,687.32 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Psychiatrist - 29-1066.00	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked 416.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$62,687.32 \$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	
	Employees 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Hours Worked           416.00           0.00	Under the Contract \$62,687.32 \$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	

Name of person who prepared this report: Terri Weston

Title: CFO

Terillesta

Phone #: 315-464-3119

Date Prepared: 05/15/2025

Preparer's Signature: \_

(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, 2024 to March 31, 2025				
Contracting State Agency Name: S Contract Number: C 505399 Contract Term: 8/1/2020 to 7/31 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provi	/2025 ty Practice, Inc. Street, Syracuse.	Agency Business L Agency Departmer		
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Other IT consulting         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal       Legal				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Psychiatrist - 29-1066.00	2.00	1,248.00	\$182,160.00	
	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	\$0.00	
Total this Page	2.00	1,248.00	\$182,160.00	
Grand Total	2.00	1,248	\$182,160.00	

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: June West

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: C-505442	
Contract Term: <u>9/1/2020</u> to <u>8/31/2025</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Medical Director	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 👘 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv			nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		312	\$73,275
Total this page		312	\$73,275
Grand Total		312	\$73,275

Name of person who prepared this report: Rebecca Reed

Juppy

Title: Administrative Coordinator

Phone #: 315-464-9810

Date Prepared: 2/12/25

Use additional pages if necessary)

Page of

#### FORM B

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name	:SUN	Y Upstate Medical University	Agency Code: 28110
Contract Number: C-505448			
Contract Term: 02/1/2021	to	01/31/2026	

Contractor Name: Syracuse Interpreter Circle\_

Contractor Address: 202 Arterial Rd, Ste 203, Syracuse, NY 13206\_

Description of Services Being Provided Medical language interpreter services\_

Scope of Contract (Choose one that	best fits):		
Analysis Evaluatio		rch 🗌	Training 🗌
	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv			nmental Services 🗌
Health Services		alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting 🛛
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Customer Services/Dispatcher	1	40	\$18,000.00
Quality Assurance Manager	1	20	\$18,000.00
Finance and Operations			
Manager	1	20	\$9,000.00
	والمستحدية والمتحد والمستحد		
Total this page	3	80	\$45,000.00
Grand Total	3	80	\$45,000.00

Name of person who prepared this report: Hamadi Mu	ukoma
Preparer's Signature: Haum	
Title: <u>CEO</u>	Phone #: <u>315-395-9997</u>
Date Prepared: 04/18/2025	

Use additional pages if necessary)

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number:			Code: <u>28110</u>
Scope of Contract (Choose one that Analysis Data Processing D Engineering Architect Serv Health Services Accounting Auditing D	on Resea Computer Programm ices Survey Mental He	ing D Other ying Enviror ealth Services	Training IT consulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:			
Preparer's Signature: Wistine C. Sawe		_	
Title:	Phone #:		
Date Prepared:			
Use additional pages if necessary)		Page	of

Area: Mail/Send Date:

#### FORM B

#### FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 C505555

 Contract Term:
 2021
 to
 2026

 Contractor Name:
 Royal Temporaries Inc dba Stafkings Personnel Systems
 Contractor Address: 66 Hawley St. Binghamton NY 13902

 Description of Services Being Provided
 Temporary Clerical, Administrative and other Support

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🛛 Evaluati		rch 🗍	Training 🗌
Data Processing	Computer Programm	ing 🗍 Other	IT consulting
Engineering Architect Serv	vices 🔲 🛛 Survey		mental Services
Health Services Mental Health Services			
Accounting Auditing	Paralegal 🔲	Legal 🗌	Other Consulting 🗌
	·		
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Nursing Station Clerk	6	7,060	\$252,673.22
Hospital Patient Service Clerk	18	10,811	\$358,703.48
Medical Office Assistant	12	5,847	\$200,555.32
Cleaner	8	5,844	\$191,143.39
Calculations Clerk	11	3,851	\$121,837.47
Supply Assistant	9	10,466	\$309,711.44
Stores Clerk	10	6,702	\$206,667.32
Administrative Assistant	6	5,240	\$215,692.88
Clerical/Keyboarding 1	6	5,519	\$182,254.02
		· · · · · · · · · · · · · · · · · · ·	
Total this page			
Grand Total	86	61,340	\$2,039,238.54

Name of person who prepared this report: <u>Tami Rowe</u>

Preparer's Signature:_	- ani	Have

Title: General Manager

Phone #: <u>315-234-1029</u>

Date Prepared: <u>4/18/2025</u>

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation Research Training			
Data Processing Computer Programming Other IT consulting			
Engineering Architect Serv	ices 🗌 👘 Survey	ving 🗌 Enviro	nmental Services
Health Services 🔀		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Nursing Station Clark	Employees	Worked	Under the Contract
Nursing Station Clerk	6	7,060	\$252,673.22
Hospital Patient Service Clerk	18	10,811	\$358,703.48
Medical Office Assistant	12	5,847	\$200,555.32
Cleaner	8	5,844	\$191,143.39
Calculations Clerk	11	3,851	\$121,837.47
Supply Assistant	9	10,466	\$309,711.44
Stores Clerk	10	6,702	\$206,667.32
Administrative Assistant	6	5,240	\$215,692.88
Clerical/Keyboarding 1	6	5,519	\$182,254.02
Total this page			
Grand Total	86	61,340	\$2,039,238.54

Name of person who prepared this report: Tami Rowe

-		
Preparer's Signature:	10 min	941871
	10010	1un

Title: General Manager

Phone #: 315-234-1029

Date Prepared: <u>4/18/2025</u>

Use additional pages if necessary)

Page 1 of 1

Exhibit Y **OSC Use Only: Reporting Code:** FORM B Category Code: **State Consultant Services Contractor's Annual Employment Report** Report Period: April 1, 2024 to March 31, 2025 Contracting State Agency Name :<u>SUNY Upstate Medical University</u> Agency Code: 28110 Contract Number: C-505569 Contract Term: 01/01/2021 12/31/2025 to Contractor Name: University OBGYN Associates, Inc. Contractor Address: 736 Irving Avenue, 3 West Tower, Syracuse, NY 13210 Description of Services Being Provided Healthcare services - Medical Direction 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 Number of Number of Hours Amount Payable **Employment Category** Employees Worked Under the Contract 29-1218.00 624 \$84,738.00 1 Total this page Grand Total 1 624 \$84,738.00 Name of person who prepared this report: Rachel O'Shea Preparer's Signature: Title: Department Administrator Phone #: <u>315-470-7903</u>

Date Prepared: 05/20/2025

Use additional pages if necessary)

Page 1 of 1

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: Contract Term:to Contractor Name:			Code: <u>28110</u>
Contractor Address: Description of Services Being Provide			
Scope of Contract (Choose one that         Analysis       Evaluati         Data Processing       Engineering         Engineering       Architect Serv         Health Services       Accounting         Auditing       Image: Contract (Choose one that	on Resea Computer Programm ices Survey Mental He	ing Other ving Enviror ealth Services	Training  Training  Training  To consulting  To consulting  To consulting  To consulting  To ther Consulting  To the consulting  To consultin
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Wistine C. Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

## FORM B

Area: Mail/Send Date:

FORM B

**OSC Use Only:** Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 C-505635

 Contract Term:
 5/1/2021 to 4/30/2026

 Contractor Name:
 Upstate University Medical Associates at Syracuse, Inc.

 Contractor Address:
 750 E. Adams Street, Syracuse, NY 13210

Description of Services Being Provided Staff leasing of health service professionals

Scope of Contract (Choose one that		2	
Analysis 🗌 👘 Evaluation			Training 🗌
	Computer Programmi		IT consulting 🗌
Engineering 🗌 🛛 Architect Serv			mental Services 🗌
Health Services 🗸		alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
43-6013.00 Medical Sec & Admin Asst	2	4,221	\$ 158,620
· · · · · · · · · · · · · · · · · · ·			
Total this page	2	4,221	\$ 158,620
Grand Total	2	4,221	\$ 158,620

Name of person who prepared this report: Christine C. Sauve	e	
Preparer's Signature: (driveline C Sauce		
Title: Sr. Administrative Coordinator	Phone #:	(315) 464-6853
Date Prepared: <u>4/22/2025</u>		

Use additional pages if necessary)

Page 1 of 1

Area: Ob/Gyn Mail/Send Date: 4/23/2025

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number:	NY Upstate Medical U	Jniversity Agency	Code: <u>28110</u>
Contract Term:to			
Contractor Name:			
Contractor Name: Contractor Address:			
Description of Services Being Provide			
Description of Services Being Provide	2d		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluation		rch	Training 🗌
Data Processing			IT consulting
Engineering Architect Serv	ices Survey	ying Environ	mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing			Other Consulting
		8	аны
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C. Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

## FORM B

Area: Mail/Send Date:

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Scope of Contract (Choose one tha	t best fits):		
Analysis Evalua	tion 🗌 👘 Resea	rch	Training 🛄
Data Processing	Computer Programm	ing 🗌 🛛 Other 🛛	T consulting
Engineering Architect Ser			mental Services
Health Services 🖌		alth Services 🔲	
Accounting Auditing	Paralegal		Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
43-6013.00 Medical Sec & Admin Ass	t 6	<u>9,987</u>	\$ 368,548
		/	
Total this page	6	9,987	\$ 368,548
Grand Total	6	9,987	\$ 368,548

Name of person who prepared this report: <u>Christine C. Sauve</u>

Preparer's Signature: (durline C date

Title: Sr. Administrative Coordinator

Date Prepared: 4/22/2025

Use additional pages if necessary)

Page 1 of 1

(315) 464-6853

Phone #: \_\_\_\_

Area: Ophthalmology Mail/Send Date: 4/23/2025

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number:	NY Upstate Medical U	Jniversity Agency	Code: <u>28110</u>
Contract Term:to			
Contractor Name:			
Contractor Name: Contractor Address:			
Description of Services Being Provide			
Description of Services Being Provide	2d		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluation		rch	Training 🗌
Data Processing			IT consulting
Engineering Architect Serv	ices Survey	ying Environ	mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing			Other Consulting
		8	аны
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

## FORM B

Area: Mail/Send Date:

Ex	hib	it	Y

#### FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Scope of Contract (Choose one that	best fits):		
Analysis Evaluatio		rch	Training 🗌
Data Processing	Computer Programmi		T consulting
Engineering Architect Serv	ices 🗌 🛛 Survey	ing Environ	mental Services
Health Services 🗸	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌 🛛	Other Consulting 🗌
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
11-9111.00 Medical & Health Services Mg	1	2,080	\$ 212,580
29-1141.00 Registered Nurses	12	19,723	\$ 1,506,526
31-9092.00 Medical Assistants	7	11,053	\$ 434,674
43-6013.00 Medical Sec & Admin Asst	25	47,647	\$ 1,735,432
Total this page	45	80,503	\$ 3,889,212
Grand Total	45	80,503	\$ 3,889,212

Name of person who prepared this report: Christine C. Sauve

Jaue Preparer's Signature: Austin

Title: Sr. Administrative Coordinator

Phone #: \_\_\_\_\_ (315) 464-6853

Use additional pages if necessary)

Date Prepared: 4/22/2025

Page 1 of 1

Area: Medicine Mail/Send Date: 4/23/2025

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	Jniversity Agency	Code: <u>28110</u>
Contract Number:toto			
Contractor Name:			
Contractor Name: Contractor Address:			
Description of Services Being Provide	.4		
Description of Services Being Flovide	u		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey	ying Enviror	mental Services
Health Services		ealth Services	
Accounting Auditing			Other Consulting
	6 🗌	8 🔟	<i>6</i> <b></b>
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:			
Preparer's Signature: Christine C. Sawe			
Title:	Phone #:		
Date Prepared:			
Use additional pages if necessary)		Page	of

Area: Mail/Send Date:

#### Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-505696	·
Contract Term: 7/1/2021 to 6/30/2026	
Contractor Name: Upstate University Medical Associates at Syracuse, Inc.	
Contractor Address: 750 E. Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Staff leasing of health service profes	ssionals

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🔋 Evaluat		rch 🗌	Training
Data Processing	Computer Programm	ing 🗌 Other I	T consulting
Engineering Architect Serv			mental Services
Health Services 🗸		alth Services 🗌	
Accounting Auditing	Paralegal		Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Employment Cutogory	Employees	Worked	Under the Contract
21-1022.00 Healthcare Social Workers	1	1,248	\$ 78,707
29-1129.00 Therapists, All Other	5	4,256	\$ 170,437
29-1141.00 Registered Nurses	2	3,089	\$ 239,201
29-2072.00 Medical Records Specialist	s <u>1</u>	2,080	\$ 84,479
31-9092.00 Medical Assistants	2	3,893	\$ 119,623
43-6013.00 Medical Sec & Admin Asst	14	20,918	\$ 753,364
Total this page	25	35,484	\$ 1,445,811
Grand Total	25	35,484	\$ 1,445,811

Name of person who prepared this report: Christine C. Sauve

Preparer's Signature:\_\_\_ Austin 1ame

Title: Sr. Administrative Coordinator

Date Prepared: <u>4/22/2025</u>

Use additional pages if necessary)

Page 1 of 1

Area: Pediatrics Mail/Send Date: 4/23/2025

(315) 464-6853

Phone #:\_\_

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Number:toto			
Contractor Name:			
Contractor Name:			
Contractor Address.			
Description of Services Being Provide	d		
Scope of Contract (Choose one that Analysis D Evaluation		rch 🗌	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey		mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal 🗍	Other Consulting
		•	
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:			
Preparer's Signature: Christine C. Sawe			
Title:	Phone #:		
Date Prepared:			
Use additional pages if necessary)		Page	of

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-505697	
Contract Term: 10/1/2021 to 9/30/2026	
Contractor Name: Upstate University Medical Associates at Syracuse, Inc.	
Contractor Address: 750 E. Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Staff leasing of health service profes	sionals

Scope of Contract (Choose one that h	pest fits):		
Analysis 🗌 🛛 Evaluatio	n Resear	rch 🗌	Training 🗌
Data Processing	Computer Programmi	ing 🗌 Other I	T consulting
Engineering Architect Servi	ces 🗌 Survey	ing Environ	mental Services
Health Services 🗸	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌 🛛 🤇	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Employment Cutegory	Employees	Worked	Under the Contract
31-9092.00 Medical Assistants	2	5,470	\$ 202,233
43-6013.00 Medical Sec & Admin Asst	9	15,867	\$ 587,019
		15/007	<i> </i>
Total this page	11	21,337	\$ 789,252
Grand Total	11	21,337	\$ 789,252

Name of person who prepared this report: Christine C. Sauve

Prenarer's	Signature:	Alina	0	U.
r reparer s	Signature.	المطادات الدرا	all.	Sawe

Title: Sr. Adminstrative Coordinator

Date Prepared: <u>4/23/2025</u>

Use additional pages if necessary)

Page 1 of 1

Area: Family Med Mail/Send Date: 4/23/2025

(315) 464-6853

Phone #: \_\_

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Number:			
Contract Term:to			
Contractor Name:			
Contractor Address:			
Description of Services Being Provide	ed		<u> </u>
			<u> </u>
Scope of Contract (Choose one that		_	_
Analysis Evaluation			Training 🔄
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv		ë —	nmental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Trata 1 di la mana			
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

# FORM B

Area: Mail/Send Date:

Exhibit Y	Ex	hi	bi	t	Y
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#### FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 C-505701
 Contract Term: 7/1/2021
 to 6/30/2026

 Contractor Name:
 Upstate University Medical Associates at Syracuse, Inc.
 Contractor Name:
 To E. Adams Street, Syracuse, NY 13210

 Description of Services Being Provided
 Staff leasing of health service professionals
 Street

Scope of Contract (Choose one that Analysis Devaluation Data Processing Devaluation Engineering Architect Serv Health Services And Auditing Devaluation	on Resear Computer Programmi ices Survey	ingOther 1 ringEnviron alth Services	Training IT consulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1141.00 Registered Nurses	1	2,019	\$ 178,877
31-9092.00 Medical Assistants	3	4,084	\$ 146,060
43-6013.00 Medical Sec & Admin Asst	13	22,248	\$ 874,151
Total this page Grand Total	17	28,351 28,351	\$ 1,199,088 \$ 1,199,088

Name of person who prepared this report: Christine C. Sauve

Preparer's Signature: ristine Jaise

Title: Sr. Administrative Coordinator

Phone #: \_\_\_\_\_(315) 464-6853

Date Prepared: 4/22/2025

Use additional pages if necessary)

Page 1 of 1

Area: Surgery Mail/Send Date: 4/23/2025

FORM B

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**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

# Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name : <u>SUNY</u> Contract Number: C-505723	Upstate Medical University	Agency Code:	28110
Contract Torma, 7/1/2021			

Contract Term: <u>7/1/2021</u> to <u>6/30/26</u>

Contractor Name: Physical Medicine and Rehabilitation MSG, LLP\_\_\_\_

Contractor Address: 750 East Adams Street, Syracuse, New York 13210

Description of Services Being Provided Concussion Management Services\_

G			
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	ion 🗌 Resea	urch	Training
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			
Health Services		ealth Services	nmental Services
Accounting Auditing			
	Paralegal	Legal	Other Consulting
	Number of		T
Employment Category		Number of Hours	Amount Payable
29-129.04	Employees	Worked	Under the Contract
29-129.04	2	1,664	\$269,503.77
Total this page			
Grand Total		1,664	\$269.503.77

Name of person who prepared this report: Christopher L. Lalone

Preparer's Signature: 42

Title: Business Manager

Phone #: 315-464-2240

Date Prepared: 04/17/2025

Use additional pages if necessary)

Page 1 of 1

#### FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services **Contractor's Annual Employment Report**

# Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110 Contract Number: C-505723 Contract Term: 7/1/2021

to <u>6/30/26</u>

Contractor Name: Physical Medicine and Rehabilitation MSG, LLP.

Contractor Address: 750 East Adams Street, Syracuse, New York 13210\_ Description of Services Being Provided Concussion Management Services\_

Scope of Contract (Choose one that Analysis Devaluat Data Processing Dengineering Architect Ser Health Services Architect Devaluation Accounting Architect Devaluation	ion Rese Computer Programm vices Surve	eying Enviro lealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-129.04	2	1,664	\$269,503.77
Total this page			
Grand Total		1,664	\$269,503.77

Name of person who prepared this report: Christopher L. Lalone

Preparer's Signature: 62

Title: Business Manager

Phone #: 315-464-2240

Date Prepared: 04/17/2025

Use additional pages if necessary)

Page 1 of 1

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Number:toto			
Contractor Name:			
Contractor Name:			
Contractor Address.			
Description of Services Being Provide	a		
Scope of Contract (Choose one that Analysis D Evaluation		rch 🗌	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey		mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal 🗍	Other Consulting
		•	
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:				
Preparer's Signature: Christine C. Sawe				
Title:	Phone #:			
Date Prepared:				
Use additional pages if necessary)		Page	of	

Area: Mail/Send Date:

### Exhibit Y

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-505724	
Contract Term: 7/1/2021 to 6/30/2026	
Contractor Name: Upstate University Medical Associates at Syracuse, Inc.	
Contractor Address: 750 E. Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Staff leasing of health service profess	sionals

Scope of Contract (Choose one that	t best fits):		
Analysis Evalua	tion Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other I	IT consulting
Engineering Architect Se	rvices 🗌 🛛 Survey	ing Environ	mental Services
Health Services 🖌	Mental He	ealth Services	
Accounting Auditing	] Paralegal	Legal 🗌 🚺	Other Consulting 🗌
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
43-6013.00 Medical Sec & Admin As	st 7	9,698	\$ 335,930
		·	
Total this page	7	9,698	\$ 335,930
Grand Total	7	9,698	\$ 335,930

Name of person who prepared this report: Christine C. Sauve

Preparer's Signature: [/Mistline ( Saw

Title: Sr. Adminstrative Coordinator

Date Prepared: 4/23/2025

Use additional pages if necessary)

Page 1 of 1

Area: Neurology Mail/Send Date: 4/23/2025

(315) 464-6853

Phone #:

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name Contract Number: C/X-505730	:SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Terres 07/01/2021	0.6/20/2026	

Contract Term: <u>07/01/2021</u> to <u>06/30/2026</u> Contractor Name: Ophthalmology Medical Service Group

Contractor Address: 550 Harrison Street, Suite L, Syracuse NY, 13202

Description of Services Being Provided Medical Director Agreement - Samuel Alpert\_

Scope of Contract (Choose one that Analysis Evaluation		anah 🗔	<b>T</b> · · <b>D</b>
Data Processing	Computer Programm	arch	Training  IT consulting
Engineering Architect Serv		-	nmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Ophthalmologist	1	624	\$684,490.00
Total this page	1	624	684,490
Grand Total	1	624	\$684,490.00

Name of person who prepared this report: Diedre Boozer

Preparer's Signature:

Title: Business Manager

Phone #: <u>315-464-8129</u>

Date Prepared: 04/16/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :       SUNY Upstate Medical University       Agency Code: 28110         Contract Number:       C-505731       Contract Term: 07/01/2021       to 06/30/2026         Contractor Name:       Upstate Orthopedics, LLP       Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057       Description of Services Being Provided Quality Officer Physician Services for the Upstate Hospital's Orthopedic Surgery Services Program				
	·····			
Scope of Contract (Choose one that I         Analysis       Evaluation         Data Processing       Evaluation         Engineering       Architect Service         Health Services       Accounting	on Reseau Computer Programmi ices Survey	ngOther 1 ingEnviron alth Services	Training IT consulting mental Services Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
11-9111.00/29-1242.00	.20	416	\$92,511.00	
		· · · · · · · · · · · · · · · · · · ·		

Total this page.20416Grand Total-20416

Name of person who prepared this report: <u>Cynthia Morris</u>

Preparer's Signature: Ceputlua Mario

Title: Accountant

Phone #: 315-464-8197

Date Prepared: 04/29/2025

Use additional pages if necessary)

Page  $\land$  of  $\land$ 

\$92,511.00

\$92,511.00

AC 3272-S (Effective 4/12)

FORM B			
Contractor's	S Annual Er	sultant Services nployment Rep 4 to March 31, 20	oort
Contracting State Agency Name: S Contract Number: C 505749 Contract Term: 6/1/2021 to 5/31/ Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison S Description of Services Being Provid	26 y Practice, Inc. treet, Syracuse,	Agency Business L Agency Departmer NY 13210	
□ Data Processing □ Computer Pr □ Engineering □ Architect Services □ Health Services □ Mental Health	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	5.00	1,872.00	\$345,954.50
	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
1.	0.00	0.00	\$0.00
	0.00	0.00	\$0.00

5.00

5.00

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Teri West

Total this Page

**Grand Total** 

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

1,872.00

1,872

\$345,954.50

\$345,954.50

AC 3272-S (Effective 4/12)

FORM B

Contractor'	s Annual Er	sultant Services nployment Rep 4 to March 31, 202	ort	
Contracting State Agency Name: Contract Number: C-505794 Contract Term: 07/01/2024 to 06 Contractor Name: Psychiatry Facul Contractor Address: 719 Harrison S Description of Services Being Provi	ty Practice, Inc. Street, Syracuse	Agency Business L Agency Departmen	nt ID: 28110	
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal				
Employment Category         Number of Employees         Number of Hours Worked         Amount Payable Under the Contract				
Psychiatrist - 29.1066.00	1.00	416.00	\$74,036.00	
	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	\$0.00	
Total this Page	1.00	416.00	\$74,036.00	
Grand Total	1.00	416	\$74,036.00	

Name of person who prepared this report: Terri Weston

Title: CFO

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

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: C-505752	
Contract Term: <u>07/01/2021</u> to <u>06/30/2026</u>	
Contractor Name: Univeristy OBGYN Associates, Inc.	
Contractor Address: 736 Irving Avenue, 3 West Tower, Syracuse, N	IY 13210
Description of Services Being Provided Healthcare services - Provi	der Based

Scope of Contract (Choose one that	best fits):		
	on 🗌 👘 Resea	rch	Training
Data Processing	Computer Programm	ing 🗌 Other	· IT consulting
Engineering Architect Serv	vices 🗍 👘 Survey	/ing 🗌 Enviro	nmental Services
Health Services 🖂	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
			<b>-</b>
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1218.00	9	5,824	\$186,836
29-1071.00	5	6,592	\$62,730.00
		-	
Total this page			
Grand Total	14	12,416	\$249,566.00

Name of person who prepared this report: Rachel O'Shea

Preparer's Signature:

Title: Department Administrator

Phone #: <u>315-470-7903</u>

Date Prepared: 05/20/2025

Use additional pages if necessary)

Page 1 of 1

Exhibit Y

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C- 505770</u>	
Contract Term: <u>7/1/21</u> to <u>6/30/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on Resea	rch	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv	vices 🗌 🔹 Survey	ving Enviro	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00	7		\$1,752,725
Total this page	7		\$1,752,725
Grand Total	7		\$1,752,725

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative</u> Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 5 7 7 1</u>	
Contract Term: <u>7/1/21</u> to <u>6/30/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 👘 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv			nmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
	_	-	-
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		3120	\$756,000
Total this page		3120	\$756,000
Grand Total		3120	\$756,000

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C-505772</u>	
Contract Term: <u>7/1/21</u> to <u>6/30/26</u>	
Contractor Name: University Surgical Associates, LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction	
Scope of Contract (Choose one that best fits):	

Scope of Contract (Choose one that		. —	
Analysis Evaluati			Training 🗌 🔄
Data Processing	Computer Programm	e —	IT consulting
Engineering Architect Serv		ē —	mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting 🗌
			1
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		312	\$260,368
Total this page		312	\$260,368
Grand Total		312	\$260,368

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative</u> Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

Exhibit Y

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUN	NY Upstate Medical I	University Agency	Code: <u>28110</u>
Contract Number: C/X-505791			
Contract Term: <u>07/01/2021</u> to	Name of Concession, and the owner of the owner		
Contractor Name: Ophthalmology Me			
Contractor Address: 550 Harrison Str			
Description of Services Being Provide	d Provider-Based A	greement - Ophthalmol	ogy
Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on 🗌 Resea	arch	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Ophthalmologists and			
Optometrists	45	2,080	\$823,270
Total this page	8	2080	823.270

8

Name of person who prepared this report: Diedre Boozer

nawfr Preparer's Signature: The

Grand Total

Title: Business Manager

Phone #: 315-464-8129

2,080

Date Prepared: 04/16/2025

Use additional pages if necessary)

Page of

\$823,270.00

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: C-505797
Contract Term: 01/01/2022 to 12/31/2026
Contractor Name: Upstate Orthopedics, LLP
Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057
Description of Services Being Provided Orthopedic Trauma On Call for Community Hospital
Scope of Contract (Choose one that best fits):
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Research       Training
Analysis Evaluation Research Training
Analysis       Evaluation       Research       Training         Data Processing       Computer Programming       Other IT consulting

Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1242.00 Trauma Coverage	1	8,760	\$365,000.00
Total this page	1	8,760	\$365,000.00
Grand Total	1	8,760	\$365,000.00

Name of person who prepared this report: <u>Cynthia Morris</u> Preparer's Signature: <u>YNHA Mamo</u>	
Title: Accountant	Phone #: <u>315-464-8197</u>
Date Prepared: 04/29/2025	
Use additional pages if necessary)	Page \ of \

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUN	NY Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: C-505797			
Contract Term: <u>01/01/2022</u> to	12/31/2026		
Contractor Name: Upstate Orthopedic			
Contractor Address: 6620 Fly Road, S	Ste 200 East Syracuse,	NY 13057	
Description of Services Being Provide			na On Call, and
Pedicatric Orthopedic Trauma On Call	l for University Hospi	tal	
Scope of Contract (Choose one that	best fits):		· · · · · · · · · · · · · · · · · · ·
Analysis Evaluation		rch 🗌	Training 🗌
	Computer Programm		IT consulting
Engineering Architect Serv			mental Services
Health Services 🕅		alth Services	
Accounting Auditing			Other Consulting 🗌
		<i>8</i> . <b>–</b>	
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1242.00 Trauma Coverage	11	8,760	\$438,000.00
29-1242.00 Spine Coverage	1	8,760	\$100,000.00
29-1243.00 Pediatric Coverage	1	8,760	\$182,500.00
Total this page	3	26,280	\$720,500.00
Grand Total	3	26,280	\$720,500.00

Name of person who prepared this report: Cynthia Morris

Preparer's Signature:	1 when	Maris
	<del></del>	

Title: Accountant

Phone #: 315-464-8197

Date Prepared: 04/29/2025

Use additional pages if necessary)

Page \ of \

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State A DI			
Contracting State Agency Name : <u>SU</u>	NY Upstate Medical I	<u>University</u> Agency	/ Code: <u>28110</u>
Contract Number: <u>C-505810</u>			
Contract Term: <u>11/11/2021</u> to	11/10/2026		
Contractor Name: First Choice Staffi	ng		
Contractor Address: 7525 Morgan Ro	oad, Liverpool, NY 13	3090	
Description of Services Being Provide	ed Payroll Service fo	or SUNY Standardized P	atient Program and
ATLS Program			
		·····	
Same CO 1 1/C	_	·	
Scope of Contract (Choose one that			
Analysis Evaluati		arch	Training 🗌
Data Processing	Computer Programm		IT consulting 🗌
Engineering Architect Serv		ying 🗌 🛛 Enviror	mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting 🔀
	·····	•	
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Education, Adminstrators, All others			
	3	16	\$5,170.80
Education, training, & Library			
workers, All others		10,631	\$268,608.83
milage	5		\$2,928.00
1			
1			
			· · · · · · · · · · · · · · · · · · ·
Total this page			
Grand Total	95	10 647	P076 707 (0
	33	10,647	\$276,707.63

5

Name of person who prepared this report Karen Nabinger

Preparer's Signature:

Title: Supervisor

Phone #: <u>315-453-5533</u>

Date Prepared: 05/14/2025

Use additional pages if necessary)

Page 1 of 1

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Number: <u>C-505893</u>			
Contract Term: <u>5/1/2022</u> to	1/31/2025		
Contractor Name: MedicalPeople Stat	ffing LLC		
Contractor Address: 1780 Wehrle Dri	ve Suite 105 William	sville, NY 14221	
Description of Services Being Provide			
	*	• • • _	
Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on 🗌 Resea	rch 🗌	Training
Data Processing	Computer Programm	ing 🗍 Other	IT consulting
Engineering Architect Serv	1 0	ē <u> </u>	nmental Services
Health Services		alth Services	
Accounting Auditing			Other Consulting 🖂
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1141.01 Acute Care Nurses	7	8,191	\$1,209,763.00
Total this page	7	8191	\$1,209,763

Name of person who prepared this reports	: Kara Bermingham	
Title: Managing Partner	U	Phone #: (716)650-4534
Date Prepared: <u>5/2/2025</u>		-

7

8,191

Use additional pages if necessary)

Grand Total

Page 1 of 1

\$1,209,763

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

#### Report Period: April 1, 2025 'o March 31, 2026

Contracting State Agency Name	:SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-505922		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0 ( 10 0 10 0 0 0	

Contract Term: <u>07/01/2022</u> to <u>06/30/2027</u>

Contractor Name: University Pathologists Laboratories, LLP\_

Contractor Address: 750 East Adams Street, Syracuse, NY 13210\_

Description of Services Being Provided Reimbursement for Medicaid Services Provided by Physicians

Scope of Contract (Choose one that	best fits):			
Analysis Evaluation Research Training				
	Computer Programm		IT consulting	
Engineering Architect Serv			nmental Services	
Health Services		alth Services		
Accounting Auditing	Paralegal	Legal	Other Consulting	
<u>``</u>				
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
Physicians 29.1069.99	24		40K/Yr	
meaid services reimbur	sement			
	24		\$40/K	
Total this page			S1.	
Grand Total	24		SHOK	

Name of person who prepared this report: Michel Nasr, MD

Preparer'	s Signature: 📕	0
Title	President	

Phone #: <u>315-657-4692</u>

Date Prepared: 04/21/2025

Use additional pages if necessary)

FORM B

**OSC Use Only:** Reporting Code: Category Code:

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: C-505927	
Contract Term: 03/01/22to 02/28/2027	_
Contractor Name: Commercial Investigations LLC	
Contractor Address: 622 Loudon Road Suite 201 Latham NY 121	10
Description of Services Being Provided Background Investigatio	ns

Scope of Contract (Choose one that best fits):						
Analysis 🗆	Analysis $\Box$ Evaluation $\Box$ Research $\Box$ Training					Fraining $\Box$
Data Processing		Computer Pr	ogrammir	ng 🗆 🛛 🛛 O	ther I	T consulting $\Box$
Engineering	Architect Serv	ices 🗋	Surveyi	ing 🗆 🛛 En	vironi	mental Services $\Box$
Health Services $\Box$		Μ	ental Hea	alth Services $\Box$		
Accounting $\Box$	Auditing $\Box$	Paral	egal 🗆	Legal 🗆	(	Other Consulting X
		Normhan		Namel an a CH and		A 4 D
Employment Ca	tegory	Number		Number of Hou	irs	Amount Payable Under the Contract
Investigators		Employ 21	jes	Worked 887		
Investigators		21	<u> </u>	007		224,079.34
Total this pa	ge					
Grand Tota	l	21		887		224,079.34

Name of person who prepared this report: Michelle Pyan\_\_\_\_\_

Hichell for

Preparer's Signature:

Title: President

Date Prepared: 04/21/2025

Use additional pages if necessary)

Phone #: 518-271-7546\_\_\_\_\_

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

### Report Period: April 1, 2025 to March 31, 2026

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: C-505998	
Contract Term: <u>10/01/2022</u> to <u>09/30/2027</u>	
Contractor Name: University Pathologists Laboratories, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Staff Services	

Scope of Contract (Choose one that         Analysis       Evaluati         Data Processing	on Resea Computer Programm rices Survey	ingOther yingEnviror ealth Services	Training IT consulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Reimbursement for cost of technical and medical support employees	107.25	223.080/yr	~ \$8/M/ Yr
29-2011.00, 31-9097.00, 43-5021.00, 43-6013.00			
Total this page	107.25	223,080/41	\$8M141
Grand Total	107.25	223,080/41	\$8M/yr

Name of person who prepared this report: Michel Nasr, MD

Preparer's Signature:	Parias
1 U 4	

Title: President

Phone #: <u>315-657-4692</u>

Date Prepared: 04/21/2025

Use additional pages if necessary)

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 0 0 7</u>	
Contract Term: <u>1/1/22</u> to <u>12/31/26</u>	
Contractor Name: <u>University Surgical Associates, LLP</u>	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	
· · · ·	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices Survey	ving Enviror	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
England Categorie	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00		3,120	\$756,000
Total this page		3,120	\$756,000
Grand Total		3,120	\$756,000

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative</u> Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 0 0 9</u>	
Contract Term: <u>1/1/22</u> to <u>12/31/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 👘 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv		ë <u> </u>	nmental Services
Health Services		alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00	4	5200	\$1,053,620
Total this page	4	5200	\$1,053,620
Grand Total	4	5200	\$1,053,620

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: / /

Use additional pages if necessary)

Page of

Exhibit Y

#### FORM B

Contractor'	s Annual En	sultant Services nployment Rep 4 to March 31, 20	oort
Contracting State Agency Name: S Contract Number: C 506016 Contract Term: 01/01/2022 to 12 Contractor Name: Psychiatry Facul Contractor Address: 719 Harrison S Description of Services Being Provi	2/31/2026 ty Practice, Inc. Street, Syracuse.	Agency Business L Agency Departmer	nt ID: 28110
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Nurse Practitioner - 29-1171.00	1.00	1,907.00	\$155,982.60
	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	1,907.00	\$155,982.60
Grand Total	1.00	1,907	155982.60

Name of person who prepared this report: Terri Weston

Title: CFO

Terie Wester Preparer's Signature:

Phone #: 315-464-3119

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 0 1 8</u>	
Contract Term: <u>1/1/22</u> to <u>12/31/26</u>	
Contractor Name: <u>University Surgical Associates, LLP</u>	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices Survey	ving Environ	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Cotogony	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00	5 5	11,440	\$3,247,040
Total this page	5	11,440	\$3,247,040
Grand Total	5	11,440	\$3,247,040

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: 2 /13/ 25

Use additional pages if necessary)

Page of

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contract Term: <u>02/01/2024</u> to <u>01/31/2026</u>

Contractor Name: Upstate Emergency Medicine, Inc\_\_\_\_\_ Contractor Address: 550 East Genesee St, Syracuse, NY 13202\_

Description of Services Being Provided Coding Staff Services for Woundcare and Peds After Hours\_

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 📋	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			mental Services
Health Services		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
	-		
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-9099.00	.650	1,352	\$14,305.00
Total this page			
Grand Total	.650	1,352	\$14,305.00

Name of person who prepared this report: Carlene Dewane	)
Preparer's Signature:	
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## **State Consultant Services Contractor's Annual Employment Report**

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

	Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>				
Contract Number: C-506061					
Contract Term: <u>02/01/2024</u> to	01/31/2026				
Contractor Name: Upstate Emergency	/ Medicine, Inc		· · · · · · · · · · · · · · · · · · ·		
Contractor Address: 550 East Genese	e St, Syracuse, NY 13	202			
Description of Services Being Provide	d Billing Staff Serv	ices for Woundcare and	Peds After Hours_		
	0				
Scope of Contract (Choose one that	best fits):				
Analysis Evaluation		rch	Training 🗌		
	Computer Programm		IT consulting		
Engineering Architect Serv			mental Services		
Health Services		alth Services			
Accounting Auditing	Paralegal		Other Consulting		
	Falalegai				
	Number of	Number of Hours	A manut Davabla		
Employment Category			Amount Payable		
	Employees	Worked	Under the Contract		
29-9099.00	.75	1,560	\$61,153.00		
43-3021.02	0.4	832			
Total this page					
Grand Total	1.15		\$61,153.00		
	1,19		ψ01,155,00		

Name of person who prepared this report: Carlene Dewane	<u>)</u>
Preparer's Signature:	
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

#### FORM B

Contractor's	s Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort		
Contracting State Agency Name: S Contract Number: C 506138 Contract Term: 7/1/2022 to 6/30/ Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid Hutchings	′25 y Practice, Inc. treet, Syracuse.	Agency Business L Agency Departmen	t ID: 28110		
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Other IT consulting         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal       Other Consulting					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Psychiatrist - 29-1066.00	1.00	416.00	\$72,567.00		
	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	\$0.00		
Total this Page	1.00	416.00	\$72,567.00		
Grand Total	1.00	416	\$72,567.00		

Name of person who prepared this report: Terri Weston

Ten West

Title: CFO

Preparer's Signature:

Phone #: 315-464-3119

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 1 4 7</u>	
Contract Term: <u>4/1/22</u> to <u>3/31/27</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Call Coverage	

Scope of Contract (Choose one that best fits):				
Analysis Evaluati	on Resea	rch	Training 🗌	
Data Processing	Computer Programm	ë <u> </u>	IT consulting	
Engineering Architect Serv			nmental Services	
Health Services		alth Services		
Accounting Auditing	Paralegal	Legal	Other Consulting	
Employment Catagory	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
1249.00		306,600	\$2,562,000	
Total this page		306.600	\$2,562,000	
Grand Total		306,600	\$2,562,000	

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: <u>2 /13/25</u>

Use additional pages if necessary)

Page of

#### FORM B

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# New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: The State University of New York         Contract Number: C-506197       Agency Business Unit: SNY01         Contract Term: 10/01/2022 to 9/30/2025       Agency Department ID: 3320211         Contractor Name: Mayo Clinic Laboratories       Contractor Address: 3050 Superior Drive NW, Rochester, MN 55905         Description of Services Being Provided: Reference Testing Services       Contractor					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Surveying       Environmental Services         Health Services       Mental Health Services         Accounting       Auditing					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Medical and Clinical Laboratory Technologists (29-2011.00)	1.79	3,732.00	\$1,533,315.64		
	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	1.79	3,732.00	\$ 1,533,315.64		
Grand Total	1.79	3,732.00	\$ 1,533,315.64		

Name of person who prepared this report: Steven J. Kruisselbrink

Phone #: 507.266.5700

Preparer's Signature: Sm T. Kurrt

Title: Sr. Director, Operations

Date Prepared: 4 /23/2025

(Use additional pages, if necessary)

#### FORM B

Contractor's	S Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort		
Contracting State Agency Name: S Contract Number: C 506250 Contract Term: 07/01/2022 to 06 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid Services	/30/2023 y Practice, Inc. treet, Syracuse, ded: Psychiatric	Agency Business L Agency Departmen	t ID: 28110		
<ul> <li>□ Data Processing</li> <li>□ Computer Processing</li> <li>□ Engineering</li> <li>□ Architect Services</li> <li>□ Health Services</li> <li>○ Mental Health</li> </ul>	esearch				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Nurse Practitioner - 29-1171.00	10.00	21,928.58	\$1,813,893.72		
Physician Assistant 29-1071.00	1.00	8,012.62	\$624,135.47		
	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		
Tatal this D	0.00	0.00	\$0.00		
Total this Page         11.00         29,941.20         \$2,438,029.19					
Grand Total         11.00         29,941         \$2,438,029.19					

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Tem Wenter

Date Prepared: 05/15/2025

Phone #: 315-464-3119

(Use additional pages, if necessary)

ACTIVITY ABOVE REFLECTS A CARAYOVEL FLOM 12/1/22 - 6/30/23 842,004.44 Page 1 of 1 71, 123 - 6130 124 1596 012. 75

24.29 029.14

#### FORM B

Contractor's	s Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort
Contracting State Agency Name: S Contract Number: C 506257 Contract Term: 07/01/2022 to 6/ Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	30/2025 ty Practice, Inc. Street, Syracuse,	Agency Business L Agency Departmer NY 13210	nt ID: 28110
<ul> <li>Data Processing</li> <li>Computer P</li> <li>Engineering</li> <li>Architect Service</li> <li>Health Services</li> <li>Mental Health</li> </ul>	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Nurse Practitioner - 29-1171.00	1.00	260.00	\$73,773.42
	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	260.00	\$73,773.42
Grand Total	1.00	260	\$73,773.42

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Terri West

Phone #: 315-464-3119

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

## State Consultant Services Contractor's Annual Employment Report

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

10

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices Survey	ving Enviror	mental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Catagomy	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00		6,240	\$1,219,071
Total this page		6,240	\$1,219,071
Grand Total		6,240	\$1,219,071

Name of person who prepared this report: Rebecca Reed

Ru

16

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

Title: Administrative Coordinator

Phone #: <u>315-464-9810</u>

Date Prepared: 2 / 12/25

Use additional pages if necessary)

Page of

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUI</u> Contract Number: <u>C-506268</u> Contract Term: <u>9/6/2022</u> to <u>9/5/20</u>	*	Jniversity Agency	Code: <u>28110</u>
Contractor Name: <u>University Surgio</u> Contractor Address: <u>750 East Adam</u> Description of Services Being Provide	s St, Syracuse, NY 13	210	
Scope of Contract (Choose one that	hest fits):		
Analysis Evaluati		rch	Training
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	vices 🗍 👘 Survey	ying Environ	mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract

Employment Category	Employees	Worked	Under the Contract
1249.00		2080/ year	\$1,136,467
Total this page		2080/ year	\$1,136,467
Grand Total		2080/ vear	\$1.136.467

Ruhful

Name of person who prepared this report: Rebecca Reed

/

Preparer's Signature:

Title: Administrative Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number:	NY Upstate Medical U	Jniversity Agency	Code: <u>28110</u>
Contract Term:to			
Contractor Name:			
Contractor Name: Contractor Address:			
Description of Services Being Provide	h		
Description of Services Deing Provide	<u> </u>		<u>.</u>
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey	ying Enviror	imental Services
Health Services	Mental He	ealth Services	
Accounting Auditing			Other Consulting 🗌
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C. Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

Area:

Mail/Send Date:

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-506304	
Contract Term: 10/1/2022 to 9/30/2027	
Contractor Name: Upstate University Medical Associates at Syracuse, Inc.	
Contractor Address: 750 E. Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Staff leasing of health service profes	sionals

	1 (		
Scope of Contract (Choose one that			
			Training 🔄
Data Processing	Computer Programm	ing 🗌 🛛 Other l	T consulting
Engineering Architect Serv	ices Survey	ing D Environ	mental Services
Health Services 🗸		alth Services	
Accounting Auditing			Other Consulting 🗌
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
43-6013.00 Medical Sec & Admin Asst	8	11,064	\$ 397,483
Total this page	8	11,064	\$ 397,483
Grand Total	8	11,064	\$ 397,483

Name of person who prepared this report: Christine C. Sauve		
Preparer's Signature: Christian C Sauce		
Title: <u>Sr. Administrative Coordinator</u>	Phone #:	(315) 464-6853

Date Prepared: <u>4/22/2025</u>

Use additional pages if necessary)

Page 1 of 1

Area: Patient Access Services Mail/Send Date: 4/23/2025

FORM B

Contractor	's Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort
Contracting State Agency Name: Contract Number: C 506319 Contract Term: 10/1/2022 to 9/ Contractor Name: Psychiatry Facu Contractor Address: 719 Harrison Description of Services Being Prov	/30/2027 ulty Practice, Inc. Street, Syracuse	Agency Business L Agency Departmer	nt ID: 28110
<ul> <li>□ Data Processing</li> <li>□ Computer</li> <li>□ Engineering</li> <li>□ Architect Service</li> <li>□ Health Services</li> <li>○ Mental Health</li> </ul>	Research		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	2,080.00	\$119,092.00
	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	\$0.00
Total this Page	1.00	2,080.00	\$119,092.00
Grand Total	1.00	2,080	\$119,092.00

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature:

Tem West

Phone #: 315-464-3119

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

# Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: 28110
Contract Number: C-506321	Agency Code. <u>28110</u>
Contract Term: <u>1/1/2023</u> to <u>12/31/27</u>	
Contractor Name: Physical Medicine and Rehabilitation MSG LLP	
Contractor Address: 750 East Adams Street, Syracuse, New York 13210	
Description of Services Being Provided Medical Direction	

Same of Contract (Channel)			
Scope of Contract (Choose one that         Analysis       Evaluati         Data Processing       Engineering         Engineering       Architect Server         Health Services       Accounting         Accounting       Auditing	ion Resea Computer Programm vices Survey Mental He	ying	Training IT consulting nmental Services Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
29-129.04	Employees	Worked	Under the Contract
29-129.04	5	3,952	\$731,724.00
Total this page			
Grand Total		3,952	\$731,724.00

Name of person who prepared this report: Christopher L. Lalone

Preparer's Signature:

Title: Business Manager

Phone #: <u>315-464-2240</u>

Date Prepared: 04/17/2025

Use additional pages if necessary)

Exhibit Y	Ex	hil	bit	Y
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#### FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

## Report Period: April 1, 24 to March 31, 25

 Contracting State Agency Name
 :SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 C-506321
 Contract Term: 1/1/2023
 Agency Code: 28110

 Contract Term:
 1/1/2023
 to
 12/31/27

 Contractor Name:
 Physical Medicine and Rehabilitation MSG, LLP

Contractor Address: 750 East Adams Street, Syracuse, New York 13210\_

Description of Services Being Provided Medical Direction\_\_\_\_

Scope of Contract (Choose one that Analysis Evaluati Data Processing Engineering Architect Serv Health Services A Accounting Auditing	on Computer Programm ices Surve	eying Enviro lealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-129.04	5	3,952	\$731,724.00
		1	
Total this page			
Grand Total		3,952	\$731,724.00

Name of person who prepared this report: Christopher L. Lalone

Preparer's Signature:

Title: Business Manager Phone #: 315-464-2240

Date Prepared: 04/17/2025

Use additional pages if necessary)

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: C-506377	
Contract Term: $2/1/23$ to $1/31/26$	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv		ē —	mental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00		6,240	\$1,232,115
Total this page		6,240	\$1,232,115
Grand Total		6,240	\$1,232,115

Name of person who prepared this report: Rebecca Reed

Preparer's	Signature:	Jubber

Title: Administrative Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

FORM B

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

Contracting State Agency Name: SUNY Upstate Medical University Contract Number: C 506379 Agency Business Unit: Contract Term: 12/1/2022 to 11/30/2025 Agency Department ID: 28110 Contractor Name: Psychiatry Faculty Practice, Inc. Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Weekend Rounding 4B
Contract Term: 12/1/2022 to 11/30/2025 Agency Department ID: 28110 Contractor Name: Psychiatry Faculty Practice, Inc. Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Weekend Rounding 4B
Contractor Name: Psychiatry Faculty Practice, Inc. Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Weekend Rounding 4B
Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Weekend Rounding 4B
Description of Services Being Provided: Weekend Rounding 4B
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 Octoon Number of Amount Payable
Employment Category Employees Hours Worked Under the Contra
Nurse Practitioner - 29-1171.0         9.00         1,520.00         \$144,173.
0.00 0.00 \$0.
0.00 0.00 \$0.
0.00         0.00         \$0.           0.00         0.00         \$0.
0.00 0.00 \$0.
0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.
0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.
0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.
0.00         0.00         0.00         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.
0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.           0.00         0.00         \$0.
0.00         0.00         0.00         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.
0.00         0.00         0.00         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.
0.00         0.00         0.00         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.           0.00         0.00         \$0.         \$0.

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Terri West

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUR</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Number:to			
Contractor Name:			
Contractor Name: Contractor Address:			
Description of Services Being Provide			
Description of Services Being Flovide	.u		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey		imental Services
Health Services	Mental He	ealth Services	
Accounting Auditing			Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:				
Preparer's Signature: Christine C Sawe				
Title:	Phone #:			
Date Prepared:				
Use additional pages if necessary)		Page	of	

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-506389	
Contract Term: <u>4/1/2023</u> to <u>3/31/2028</u>	
Contractor Name: Upstate University Medical Associates at Syracuse, Inc.	
Contractor Address: 750 E. Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Staff leasing of health service profes	sionals
/Au+=7-	

Scope of Contract (				
Analysis 🗌	Evaluati			Training 🗌
Data Processir	ng 🗌	Computer Programm		T consulting 🗌
Engineering 🗌	Architect Serv			mental Services 🗌
Health Services 🗸		Mental He	alth Services	
Accounting	Auditing 🗌	Paralegal	Legal 🗌 🥠	Other Consulting
Employment (	Category	Number of	Number of Hours	Amount Payable
		Employees	Worked	Under the Contract
15-2051.02 Clinical Da	ata Managers	1	2,080	\$ 90,335
	1			
Total this	page	1	2,080	\$ 90,335
Grand To		1	2,080	\$ 90,335

Name of person who prepared this report: Christine C. Sauve

Preparer's Signature: Childing Chause

Title: Sr. Administrative Coordinator

Phone #: \_\_\_\_\_ (315) 464-6853

Date Prepared: <u>4/22/2025</u>

Use additional pages if necessary)

Page 1 of 1

Area: Quality Mail/Send Date: 4/23/2025

#### FORM B

Contractor's	s Annual En	sultant Services nployment Rep 4 to March 31, 20	ort		
Contracting State Agency Name: S Contract Number: C 506440 Contract Term: 12/30/2022 to 12 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provi	2/29/2025 ty Practice, Inc. Street, Syracuse	Agency Business L Agency Departmer			
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Employment Category     Number of Employees     Number of Hours Worked     Amount Payable Under the Contract					
Nurse Practitioner - 29-1171.00	1.00	457.60	\$42,740.61		
	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         457.60         \$42,740.61					
Grand Total	1.00	457	\$42,740.61		

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: \_\_\_\_\_\_ New How to

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

#### FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>					
Contract Number: C-506461 AOA 1					
Contract Term: 01/01/2025 to 12/31/2026					
Contractor Name: Upstate Emergency Medicine, Inc					
Contractor Address: 550 East Genesee St, Syracuse, NY 13202					
Description of Services Being Provided Advanced & Ped Cardiac Life Support, CPR Training					
•					
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		ealth Services	_
Accounting Audit	ting 🗌 🔹 Paralegal 🗌	Legal 🗌	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
31-9099.00			\$62,828
Total this page			
Grand Total			\$62,828

Name of person who prepared this report: Carlene Dewan	ne
Preparer's Signature:	
Title: Business Manager	Phone #: 315-464-4864
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

#### FORM B

OSC Use Only: Reporting Code: Category Code:

## **State Consultant Services Contractor's Annual Employment Report**

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

Contracting State Agency Name	: <u>SUN</u>	Y Upstate Medical Univers	sity Agency Code: 28110
Contract Number: C-506461		-	
Contract Term: 01/01/2023	_to _	12/31/2024	
Contractor Name: Upstate Emerg	gency l	Medicine, Inc	
Contractor Address: 550 East Ge	enesee	St, Syracuse, NY 13202	

Description of Services Being Provided Advanced & Ped Cardiac Life Support, CPR Training

Scope of Contract (Choose one that best fits):					
Analysis 🗌 🛛 Evaluati		rch 🗌	Training 🗌		
	Computer Programmi	ing 🗌 🛛 Other	IT consulting		
Engineering Architect Serv			nmental Services 🗌		
Health Services 🔀		alth Services			
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting		
Employment Catagony	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
31-9099.00			\$286,323.00		
Total this page					
Grand Total			\$286,323.00		

Name of person who prepared this report: Carler	ne Dewane
Preparer's Signature:	5
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contract Term: <u>4/1/2023</u> to <u>02/28/2028</u>

Contractor Name: Upstate Emergency Medicine, Inc\_\_\_\_

Contractor Address: 550 East Genesee St, Syracuse, NY 13202\_\_\_\_\_ Description of Services Being Provided Medical Direction - Communit Campus, PED, AED, Wound Care (IP & OP), Triage, PAF, HBO\_\_\_\_\_\_

Scope of Contract (Choose one that best fits):					
Analysis Evaluati		rch 🗌	Training 🗌		
Data Processing	Computer Programm	ing 🗌 Other	· IT consulting		
Engineering Architect Serv			nmental Services		
Health Services		alth Services 🗌			
Accounting Auditing	Paralegal	Legal	Other Consulting		
Employment Category	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
29-1214.00	4.2	8,736	\$1,863,152		
Total this mass					
Total this page	100	0.70 (	#1.0 C0.1 C0. C0		
Grand Total	4.20	8,736	\$1,863,152.00		

Name of person who prepared this report: Carlene Dewane

Preparer's Signature:	2
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

#### FORM B

Contractor's	s Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort			
Contracting State Agency Name: S Contract Number: C 506505 Contract Term: 02/13/2023 to 02 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	SUNY Upstate Me 2/12/2025 ty Practice, Inc. Street, Syracuse.	edical University Agency Business L Agency Departmen NY 13210	Jnit: It ID: 28110			
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Other IT consulting         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal       Other Consulting						
Employment Category Number of Employees Hours Worked Under the Contract						
Nurse Practitioner - 29-1171.00	1.00	2,046.00	\$184,172.00			
	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 Mile D	0.00	0.00	\$0.00			
Total this Page	1.00	2,046.00	\$184,172.00			
Grand Total	1.00	2,046	\$184,172.00			

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Term West

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C-506561</u>	
Contract Term: $4/1/23$ to $3/31/26$	
Contractor Name: University Surgical Associates, LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction	
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	s 🗌
Accounting Auditing Paralegal Lega	1 Other Consulting
	-

Emularment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00		2,080	\$185,364
Total this page		2,080	\$185,364
Grand Total		2,080	\$185,364

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: 2 /13/25

Use additional pages if necessary)

Page of

#### FORM B

Contractor's	Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort		
Contracting State Agency Name: S Contract Number: C/X 506594 Contract Term: 06/01/2023 to 05 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	/31/2028 y Practice, Inc. treet, Syracuse.	Agency Business L Agency Departmen NY 13210			
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Employment Category	egory Employees Hours Worked Under the Contract				
Clinical Psychologist 19-3033.00	1.00	2,080.00	202330.00		
	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	\$0.00		
Total this Page         1.00         2,080.00         \$202,330.00					
Grand Total         1.00         2,080         \$202,330.00					

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: \_\_\_\_\_ Levi likoto

Phone #: 315-464-3119

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

#### FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name	: <u>SU</u>	NY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: C-506595			
Contract Term: <u>06/01/2023</u>	_to	05/31/2026	

Contractor Name: Upstate Emergency Medicine, Inc\_\_\_\_\_ Contractor Address: 550 East Genesee St, Syracuse, NY 13202\_

Description of Services Being Provided Assistant CMO - Admin Services.- termed 12/5/24

Scope of Contract (Choose one that Analysis Evaluati Data Processing Engineering Architect Serv Health Services Accounting Auditing	on Resear Computer Programm ices Survey Mental He Paralegal	ingOther vingEnviror alth Services Legal	Training IT consulting umental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-0000.00	0	780	\$41,063.00
Total this page			
Grand Total	0	780	\$40,063.00

Name of person who prepared this report: Carlend	e Dewane
Preparer's Signature:	0
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUI</u> Contract Number: C-506598	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Term: $07/01/2023$ to	06/30/2028		
Contractor Name: University OBGY			
Contractor Address: 736 Irving Aven		racuse NY 13210	
Description of Services Being Provide			
1 8			
Scope of Contract (Choose one that			
Analysis Evaluati			Training 🗌
Data Processing	Computer Programm		IT consulting 🗌
Engineering Architect Serv			nmental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
29-1218.00	Employees 2	Worked	Under the Contract
29-1210.00	2	1,040	\$193,000.00
Total this page			
Grand Total	2	1,040	\$193,000.00

Name of person who prepared this report: Rachel O'Shea

Preparer's Signature:

Title: Department Administrator

Phone #: 315-470-7903

Date Prepared: 05/20/2025

Use additional pages if necessary)

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: C-506601	
Contract Term: <u>5/15/23</u> to <u>5/14/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv		ē —	mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00		5304	\$2,229,624
		<b>50</b> 04	
Total this page		5304	\$2,229,624
Grand Total		5304	\$2,229,624

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

Exhibit Y

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUI</u> Contract Number: C-506652	NY Upstate Medical U	Jniversity Agency	Code: <u>28110</u>
Contract Term: $06/01/2023$ to	05/31/2028		
Contractor Name: University OBGY1			
		NIV 12210	
Contractor Address: 736 Irving Aven	ue, 5 west Tower, Sy	racuse, NY 13210	
Description of Services Being Provide	Healthcare service	es - Medical Direction_	
Scope of Contract (Choose one that			
Analysis Evaluati			Training 🗌
Data Processing	<b>Computer Programm</b>	ing Other	IT consulting
Engineering Architect Serv	rices Survey	ving Enviror	nmental Services
Health Services $\boxtimes$	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
	_	-	0 —
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1218.00	1	416	\$53,600.00
		•	
Total this page			
Grand Total	1	416	\$53,600.00
Name of person who prepared this rep	ort Rachel O'Shoo		
	Tracilei O Ollea		and the second
Preparer's Signature:	15-	A	_

Title: Department Administrator

Phone #: 315-470-7903

Date Prepared: 05/20/2025

Use additional pages if necessary)

FORM B

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

Contracting State Agency Name:SUNY Upstate Medical UniversityContract Number:C 506675Agency Business Unit:Contract Term:07/01/2023to06/30/2026Agency Department ID:28110Contractor Name:Psychiatry Faculty Practice, Inc.Contractor Address:719 Harrison Street, Syracuse, NY13210Description of Services Being Provided:On Call Psychiatry Coverage Services					
Scope of Contract (Choose one that I					
		aining			
		] Other IT consulting			
		g 🗌 Environmental	Services		
Accounting Auditing Pa	aralegal 🗌 Leg	gal 🗌 Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Psychiatrist - 29-1066.00	12.00	12,879.00	\$1,056,800.00		
	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	\$0.00		
Total this Page	12.00	12,879.00	\$1,056,800.00		
Grand Total	12.00	12,879	\$1,056,800.00		

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: \_\_\_\_\_ Terri Wester

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

#### FORM B

Contractor's	Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	oort 25	
□ Data Processing □ Computer Pr □ Engineering □ Architect Services □ Health Services □ Mental Health	y Practice, Inc. treet, Syracuse, ded: Provide sup assist with pedia <b></b> <b>pest fits):</b> search rogramming s  Surveying	bervision of clinical so tric integrated care pr aining ] Other IT consulting g	t ID: 28110 cial workers which ogram development	
Additing       Paralegal       Legal       Other Consulting         Employment Category       Number of Employees       Number of Hours Worked       Amount Payable Under the Contract				
Clinical Psychologist 19-3033.00	1.00	416.00	\$46,852.00	
	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	\$0.00	
Total this Page	1.00	416.00	\$46,852.00	
Grand Total	1.00	416	\$46,852.00	

Name of person who prepared this report: Terri Weston

Title: CFO

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

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SU</u> Contract Number: C/X-506741	NY Upstate Medical I	University Ager	cy Code: 28110
Contract Term: $10/1/2023$ to	9/30/2026		
Contractor Name: Ophthalmology M			
Contractor Address: 550 Harrison Str	reet Suite I Surrouge	NV 12202	
Description of Services Being Provide	ed Physician Somias	Agroomont Storks	n Mamia
Description of Services Being Provide	cu i nysician service	s Agreement - Stephe	n Merriam
Scope of Contract (Choose one that			
Analysis 🗌 Evaluati	on 🗌 Resea	rch	Training
Data Processing	Computer Programm	ing 🗌 Othe	er IT consulting
Engineering Architect Serv		ing Envir	onmental Services
Health Services 🔀		ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Ophthalmologist	1	2,080	\$456,037.00
Total this page	1	2080	456,037
Grand Total	1	2,080	456,037

Name of person who prepared this report: Diedre Boozer

Preparer's Signature: 2

Title: Business Manager

Phone #: 315-464-8129

Date Prepared: 04/16/2025

Use additional pages if necessary)

Page of

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C- 506744</u>	
Contract Term: $7/1/23$ to $6/30/26$	
Contractor Name: University Surgical Associates, LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that	best fits):		
	on 🗌 👘 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices Survey	ving Environ	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
	1		1
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		14,040	\$2,242,786
Total this page		14.040	\$2,242,786
Grand Total		14,040	\$2,242,786

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: <u>2 /13/25</u>

Use additional pages if necessary)

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Exhibit Y

#### FORM B

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2024 to March 31, 2025					
Contracting State Agency Name:       SUNY Upstate Medical University         Contract Number:       C 506748       Agency Business Unit:         Contract Term:       7/1/2023       to       9/30/2024       Agency Department ID:       28110         Contractor Name:       Psychiatry Faculty Practice, Inc.       Contractor Address:       719 Harrison Street, Syracuse, NY       13210         Description of Services Being Provided:       Adolescent Psychiatric Hospitalist Services					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Other IT consulting         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal       Other Consulting					
Employment Category	Number of Employment CategoryNumber of EmployeesNumber of Hours WorkedAmount Payable Under the Contract				
Psychiatrist - 29-1066.00	1.00	1,040.00	\$90,122.01		
	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		
Tatal this Dags	1.00	1,040.00	\$90,122.01		
Total this Page	1.00	1,040.00	\$50,122.01		

Name of person who prepared this report: Terri Weston

Terie West

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: \_\_\_\_\_ Date Prepared: 05/15/2025

(Use additional pages, if necessary)

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 7 5 1</u>	
Contract Term: <u>7/1/23</u> to <u>6/30/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that best fits):						
Analysis Evaluati	on Resea	rch	Training 🗌			
Data Processing   Computer Programming   Other IT consulting			IT consulting			
Engineering Architect Serv						
Health Services Mental Health Services						
Accounting Auditing	Paralegal 🗌		Other Consulting			
	<b>u</b> _	• —	° —			
Employment Catagory	Environment Cotogory Number of	Number of Hours	Amount Payable			
Employment Category	Employees	Worked	Under the Contract			
1249.00		4,680	\$915,363			
Total this page		4,680	\$915,363			
Grand Total		4,680	\$915,363			

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 7 7 6</u>	
Contract Term: <u>7/6/23</u> to <u>7/5/28</u>	
Contractor Name: University Surgical Associates, LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that best fits):					
Analysis Evaluati	on 🗌 👘 Resea	rch	Training 🗌		
Data Processing   Computer Programming   Other IT consulting			IT consulting		
Engineering Architect Services Surveying Environmental Services			nmental Services		
Health Services Mental Health Services					
Accounting Auditing	Paralegal	Legal	Other Consulting		
	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
1249.00		10,400	\$3,332,690		
Total this page		10,400	\$3,332,690		
Grand Total		10,400	\$3,332,690		

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: <u>315-464-9810</u>

Date Prepared: <u>2 /13/25</u>

Use additional pages if necessary)

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## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide			Code: <u>28110</u>
Scope of Contract (Choose one that         Analysis       Evaluati         Data Processing       Engineering         Engineering       Architect Serv         Health Services       Accounting         Auditing       Image: Contract (Choose one that	on Resea Computer Programm ices Survey Mental He	ing C Other ving Enviror ealth Services C	Training IT consulting umental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

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## FORM B

Area: Mail/Send Date:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 7 8 9</u>	
Contract Term: <u>10/23/23</u> to <u>10/22/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 👘 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	rices 🗌 🛛 Survey	ving Enviro	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
			1
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		6,240	\$1,704,303
Total this page		6,240	\$1,704,303
Grand Total		6,240	\$1,704,303

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative</u> Coordinator

Phone #: <u>315-464-9810</u>

Date Prepared: <u>2/13/25</u>

Use additional pages if necessary)

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Exhibit Y

### FORM B

AC 3272-S (Effective 4/12)

FORM B

Contractor's	Annual En	sultant Services nployment Rep 4 to March 31, 202	ort
Contracting State Agency Name:       Agency Business Unit:         Contract Number: C/X 506791       Agency Business Unit:         Contract Term: 09/01/2023 to 08/31/2025       Agency Department ID: 28110         Contractor Name: Psychiatry Faculty Practice, Inc.       Contractor Address: 719 Harrison Street, Syracuse, NY 13210         Description of Services Being Provided: Psych Team Lead for Trauma and Burn (M-Tab)         Team. Team addresses mental health standards for trauma and burn patients.         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       Description       Environmental Services			
Accounting Auditing Pa	aralegal 🗌 Leg	gal 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Clinical Psychologist 19-3033.00	1.00	416.00	\$28,851.00
	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	\$0.00
Total this Page	1.00	416.00	\$28,851.00
Grand Total	1.00	416	\$28,851.00

Name of person who prepared this report: Terri Weston

Tem Desta

Title: CFO

Preparer's Signature:

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 7 9 2</u>	
Contract Term: <u>9/1/23</u> to <u>8/31/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting 🗌
Engineering Architect Serv			nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		4576	\$3,055,689
Total this page		4576	\$3,055,689
Grand Total		4576	\$3,055,689

Name of person who prepared this report: Rebecca Reed

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

Title: Administrative Coordinator

Phone #: 315-464-9810

Date Prepared: 2 /13/25

Use additional pages if necessary)

Page of

Exhibit Y

### FORM B

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number:	NY Upstate Medical U	Jniversity Agency	Code: <u>28110</u>
Contract Term:to			
Contractor Name:			
Contractor Name: Contractor Address:			
Description of Services Being Provide	h		
Description of Services Deing Provide	<u> </u>		<u>.</u>
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey	ying Enviror	imental Services
Health Services	Mental He	ealth Services	
Accounting Auditing			Other Consulting 🗌
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C. Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

## FORM B

Area: Mail/Send Date:

Exhibit Y

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>C - 5 0 6 8 2 4</u>	
Contract Term: <u>10/5/23</u> to <u>10/5/26</u>	
Contractor Name: <u>University Surgical Associates</u> , LLP	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided PSA	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	ices 🗌 🛛 Survey	ving Environ	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		3,900	\$814,793
Total this page		3,900	\$814,793
Grand Total		3,900	\$814,793

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative Coordinator</u>

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

Exhibit Y	Y
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OSC Use Only: Reporting Code: Category Code:

## **State Consultant Services Contractor's Annual Employment Report**

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

Contracting State Agency Name <u>:SUN</u> Contract Number: <u>C06857</u> Contract Term: <u>11/1/2023</u> to Contractor Name: Upstate Emergency Contractor Address: 550 East Genese Description of Services Being Provide	<u>10/31/2028</u> / Medicine, Inc e St, Syracuse, NY 13	202	/ Code: <u>28110</u>
Scope of Contract (Choose one that         Analysis       Evaluation         Data Processing       Engineering         Engineering       Architect Serv         Health Services       Accounting         Auditing       Auditing	on Resea Computer Programm ices Survey Mental He	ving E Environ ealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category 29-1214.00	Number of Employees	Number of Hours Worked 832	Amount Payable Under the Contract \$155,313.00
Total this page			
Grand Total	.4	832	\$155,313.00

Name of person who prepared this report: Carlene Dewa	ne
Preparer's Signature:	)
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

Exhibit Y	7
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**OSC Use Only:** Reporting Code: Category Code:

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: C-506902	
Contract Term: 02/01/2024to 01/31/2028	
Contractor Name: Commercial Investigations LLC	
Contractor Address: 622 Loudon Road Suite 201 Latham NY 12110	
Description of Services Being Provided Drug Testing	

Scope of Contract (C	hoose one that	best fits):			
Analysis 🗆	Evaluati	on 🗆	Resea	irch 🗆	Training $\Box$
Data Processing	g 🗆	Computer Pro	ogramm	ing $\Box$ Othe	r IT consulting $\Box$
Engineering	Architect Serv	ices 🗖	Survey	ying 🗆 Envir	onmental Services $\Box$
Health Services $\Box$				ealth Services $\Box$	
Accounting $\Box$	Auditing $\Box$	Parale	egal 🗆	Legal 🗆	Other Consulting X
Employment C	10400000	Number	of	Number of Hours	Amount Payable
Employment C	ategory	Employe	es	Worked	Under the Contract
Investigators		21		260	74,001.01
Total this p	bage				
Grand To	tal	2	1	260	74,001.01

Name of person who prepared this report: Michelle Pyan\_\_\_\_\_

Michell for

Preparer's Signature:

Title: President

Date Prepared: 04/21/2025

Use additional pages if necessary)

Phone #: 518-271-7546\_\_\_\_\_

Page of

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Number:toto			
Contractor Name:			
Contractor Name:			
Contractor Address.			
Description of Services Being Provide	a		
Scope of Contract (Choose one that Analysis D Evaluation		rch 🗌	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey		mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal 🗍	Other Consulting
		•	
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: Christine C. Sawe	
Title:	Phone #:
Date Prepared:	

Use additional pages if necessary)

Page of

Area: Mail/Send Date:

### FORM B

#### FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name
 :SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 C-506935

 Contract Term:
 1/1/2024 to 12/31/2028

 Contractor Name:
 Upstate University Medical Associates at Syracuse, Inc.

 Contractor Address:
 750 E. Adams Street, Syracuse, NY 13210

Description of Services Being Provided Staff leasing of health service professionals

Scope of Contract (Choose one that h	pest fits):		
Analysis Evaluatio			Training 🗌
Data Processing	Computer Programmi		T consulting 🗌
Engineering Architect Servi			mental Services 🗌
Health Services 🗸		alth Services	
Accounting Auditing	Paralegal		Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
31-9092.00 Medical Assistants	10	14,585	\$ 579,995
43-6013.00 Medical Sec & Admin Asst	26	45,182	\$ 1,764,217
		13,102	<u> </u>
Total this ways		50 707	
Total this page	36	59,767	\$ 2,344,212
Grand Total	36	59,767	\$ 2,344,212

Name of person who prepared this report: Christine C. Sauve

Preparer's Signature: ( Sawe

Title: Sr. Administrative Coordinator

Phone #: \_\_\_\_\_ (315) 464-6853

Date Prepared: 4/23/2025

Use additional pages if necessary)

Page 1 of 1

Area: Urology Mail/Send Date: 4/23/2025 AC 3272-S (Effective 4/12)

#### FORM B

Contractor's Report Period: Contracting State Agency Name: SU Contract Number: C 506940 Contract Term: 1/1/2024 to 12/31/2 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison Stra Description of Services Being Provide	Annual En : April 1, 2024 JNY Upstate Me 2026 Practice, Inc. reet, Syracuse, ed: Medical Direct search	Agency Business U Agency Department NY 13210 ection - Community H wining ] Other IT consulting	25 Init: t ID: 28110 Iospital
Contract Number: C 506940 Contract Term: 1/1/2024 to 12/31/2 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison Stra Description of Services Being Provide Scope of Contract (Choose one that be Analysis Evaluation Res Data Processing Computer Prov	2026 Practice, Inc. eet, Syracuse, ed: Medical Dire search	Agency Business U Agency Department NY 13210 ection - Community H ining ] Other IT consulting	t ID: 28110 Iospital
Analysis	search	] Other IT consulting	Services
Health Services Mental Health	Services alegal 🗌 Leg		ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	416.00	\$74,221.00
	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	416.00	\$0.00
Grand Total	1.00	418.00	\$74,221.00 \$74,221.00

Name of person who prepared this report: Terri Weston

/

Title: CFO

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

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

# Report Period: April 1, 2025 to March 31, 2020

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: C507065	
Contract Term: <u>8/15/2025</u> to <u>8/14/2026</u>	
Contractor Name: Haylor, Freyer & Coon An Alera Group	
Contractor Address: 300 South State St Syracuse, NY 13202	
Description of Services Being Provided Broker Services	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluatio			Training 🗌
	Computer Programmi		TT consulting
Engineering Architect Serve			onmental Services 🗌
Health Services		alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting 🛛
Email and Catao and	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
11-1021.00	1	20	state to contacctor
43-4051.00	5	400	State to contractor
41-3021.00	2	80	Shelte TO contractor
15-1141.00	1	32	No direct pormatter
			-
		500	
Total this page	9	532	
Grand Total	9	532	

Preparer's Signature: Title: Director of Group Benefits Operations Phone #: 315-4	53-1724
Date Prepared: 05/12/2025	

Use additional pages if necessary)

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 $\mathbf{Exhibit}\ \mathbf{Y}$ 

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Scope of Contract (Choose one that best fits):				
Analysis 🗌 Evaluatio	on 🗌 Resear		Training 🗌 🔄	
Data Processing	Computer Programmi		T consulting	
Engineering Architect Servi			mental Services	
Health Services		alth Services 📃		
Accounting 🗌 Auditing 🗌	Paralegal 🗌	Legal	Other Consulting	
		Number of Hours	Amount Doughlo	
Employment Category	Number of	Number of Hours	Amount Payable	
· · ·	Employees	Worked	Under the Contract	
Physician Managers			\$100 COD CA	
11-9111.00/29-1242.00	.30	312	\$190,509.54	
11-9111.00/29-1242.00	.10	104	\$49,583.04	
11-9111.00/29-1242.00	.07	73	\$26,081.50	
Total this page	.47	489	\$266,174.00	
Grand Total	.47	489	\$266,174.00	

Name of person who prepared this report: Cyr	thia Morris
Preparer's Signature: Upthia M	arris
Title: Accountant	Phone #: <u>315-464-8197</u>
Date Prepared: 04/29/2025	

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY	Upstate Medical University	y Agency Code: 28110
Contract Number: C-507102		
Contract Term: July 1, 2024 to	6/30/2027	
Contractor Name: Pediatrix Medical Gro	oup Neonatology and Pediat	ric Intensive Care Specialists of
New York, P.C.		-
Contractor Address: 1301 Concord Terra	ace Sunrise, Florida 23060	
Description of Services Being Provided	Medical Director, Chief of	Service, Quality Officer and On-
Call Coverage Service		
-		

Scope of Contract (Choose one that best fits):       Research       Training         Analysis       Evaluation       Research       Training         Data Processing       Computer Programming       Other IT consulting         Engineering       Architect Services       Surveying       Environmental Services         Health Services       Mental Health Services       Accounting       Other Consulting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Physician 29-1229.00	3	7,272	\$97,949.97	
Total this page	3	7272		
Grand Total	3	7.272	\$97,949.97	

Name of person who prepared this report: Andrea J. Zi	mmerman
Preparer's Signature: andrea fim	rend
Title: Associate Vice President of Operations	Phone #: 847-912-7676
Date Prepared: 04/16/2025	

Use additional pages if necessary)

### FORM B

OSC Use Only: Reporting Code: Category Code:

\$40,063.00

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUN	NY Upstate Medical U	Iniversity Agency	Code: <u>28110</u>
Contract Number: C-507106			
Contract Term: 07/01/2024 to	06/30/2029		
Contractor Name: Upstate Emergency	Medicine, Inc		
Contractor Address: 550 East Genese		202	
Description of Services Being Provide			
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 👘 Resea	rch 🗌	Training 🗌
	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv		ving Environ	nmental Services
Health Services		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗍	Other Consulting
	0 🗖	0 🗖	
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1214.00	1	6,729	\$41,063.00
Total this page			
Total this page			

Name of person who prepared this report: <u>Carlene Dewane</u> Preparer's Signature:	
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

6,729

1

Grand Total

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2026 # March 31, 2026

Contracting State Agency Na	me : <u>SUN</u>	IY Upstate Medi	cal University	Agency Code: 28110
Contract Number:	6-50	7109		
Contract Term: <u>7/1/202</u> 5	to	6/30/20 30		
Contractor Name: University	/ Patholog	gists Laboratories	s, LLP	
Contractor Address: 750 Eas	t Adams	Street, Syracuse,	NY 13210	
Description of Services Being	g Provide	d Medical Direc	ctors for Universi	ity Hospital Lab

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv			mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Physicians 29.1069.99	24	21.060/41	\$ 4,258,543
		· ·	
	-		
			-
·			
Total this years	24	A ( D )	440666
Total this page		21060/yr	\$ 4,258,543
Grand Total	24	21060/yr	\$ 4,258,543

Name of person who prepared this report: Michel Nasr, MD

Ri

Preparer's Signature

Title: | President

Phone #: 315-657-4692

Date Prepared: 04/21/2025

Use additional pages if necessary)

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#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name
 :SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 C-507141
 Contract Number: 28110

Contract Term: <u>07/01/2024</u> to <u>06/30/2029</u>

Contractor Name: Upstate Emergency Medicine, Inc\_\_\_\_

Contractor Address: 550 East Genesee St, Syracuse, NY 13202\_\_\_\_\_ Description of Services Being Provided Provider Based Clinical Services PAH, Wound CAre, Medical

Toxicology\_

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 🗌	Training 🗌
Data Processing	Computer Programmi	ing 🗌 Other	IT consulting
Engineering Architect Serv	vices 🗍 👘 Survey	ing 🗌 Enviro	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
England of Catalogue	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1069.00	19		\$100,012
29-9099.00	6		
Total this page			
Grand Total	25		\$101,012.00

Name of person who prepared this report: Carler	e Dewane
Preparer's Signature:	Q
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	v Code: <u>28110</u>
Contract Number:	<u> </u>		
Contract Term: to			
Contractor Name:			
Contractor Address.			
Description of Services Being Provide	ed		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on Resea	rch	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	ices Survey	/ing Enviror	nmental Services
Health Services		ealth Services	
Accounting Auditing			Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Total this page			
Grand Total			

Name of person who prepared t	this report:	
Preparer's Signature:	istine C. Sawe	
Title:	Phone #:	

Date Prepared: \_\_\_\_\_

Use additional pages if necessary)

Page of

### FORM B

Area: Mail/Send Date:

#### Exhibit Y

### FORM B

## State Consultant Services Contractor's Annual Employment Report

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

6 6		state Medical University	Agency Code: <u>28110</u>
Contract Number: <u>C-50</u>	7294		
Contract Term: 1/30/202	25 to		
Contractor Name:	EGA Associates, LLC		
Contractor Address:	602 Clay Ave, Ste	200, Jeannette, PA 15644	
Description of Services	Being Provided	Healthcare workers	
Saama of Comtract (Ch		(4 m) .	

Scope of Contract (Choose one that best fits):				
Analysis Evaluati	on 🗌 Resea	rch	Training 🗌	
Data Processing	Processing Computer Programming Other I			
Engineering Architect Serv				
Health Services	Mental He	ealth Services		
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting 🗌	
			1	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
0	0	0	\$0.00	
Total this page	0	0	\$0.00	
Grand Total	0	0	\$0.00	

Name of person who prepared this report: Brandon Blackmore

Preparer's Signature:_	Brandon	Blackmore

Title: Growth Officer

Phone #: 215-565-1081

Date Prepared: <u>4 /30 / 2025</u>

Use additional pages if necessary)

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>					
Contract Number: C-507297					
Contract Term: <u>1-30-25</u> to <u>3-31-</u>					
Contractor Name: Health Carousel Tr					
Contractor Address: 4000 Smith Rd,		OH 45209			
Description of Services Being Provide	d Travel Staff				
Scope of Contract (Choose one that	best fits):				
Analysis Evaluati			Training 🗌 🔄		
Data Processing	Computer Programmi		IT consulting $\Box$		
Engineering Architect Serv			nmental Services		
Health Services 🔀		alth Services	_		
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting		
			A (D 11		
Employment Category	Number of	Number of Hours	Amount Payable		
RN-Med/Surg (Tele)	Employees 136	Worked 40,094	Under the Contract \$5,229,113.99		
RN- Critical Care (Adult and Peds)/	150	40,094	\$5,229,115.99		
Peds/Stepdown/PACU/Heart and					
Vascular	48	12,853	\$1,631,480.13		
RN- Emergency Dept (Adult and	-10	12,055	\$1,031,700.13		
Peds)	36	9,246	\$1,221,123.18		
Surgical/Operating Room Tech	50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i><i><i>ϕ</i></i>1,221,125.10</i>		
(Adult or Pediatric)	10	2,357	\$205,125.02		
Respiratory Therapist	5	1,213	\$145,136.34		
RN- Operating Room	5	1,654	\$195,294.85		
Physical Therapist	4	1,236	\$141,818.10		
Radiologic Technologist- Diagnostic	2	351	\$47,770.00		
RN- Ambulatory	2	146	\$16,408.12		
Radiologic Technologist- CT/MRI	2	254	\$34,139.70		
EEG Technician	2	372	\$41,021.95		
Occupational Therapist	2	585	\$59,911.33		
Licensed Practical Nurse					
(LPN)	2	483	\$41,513.84		
Total this page	256	70,844	\$9,009,856.55		
Grand Total	261	72,125	\$9,134,489.76		

Name of person who prepared this report: Katie Kampmann

Preparer's Signature: Kathryu Kampuauu

Title: Senior Contracts Administrator

Phone #: 513-872-1218

Date Prepared: <u>5/5/2025</u>

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the
			Contract
RN- Psych	1	419	\$42,042.50
RN- Case	1	304	\$37,710.61
Management/UR/CDI			
Sonographer-	1	203	\$23,751.00
Ultrasound/Vascular			
Technologist			
Pharmacy Technician	1	211	\$13,093.10
Mental Health Therapy	1	144	\$8,036.00
Aid			
Total this page	5	1,281	\$124,633.21
Grand Total	261	72,125	\$9,134,489.76

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>C-507300</u> Contract Term: <u>1/30/2025</u> to Contractor Name: HumanEdge Allied Contractor Address: 30 Glenn Street, Description of Services Being Provide	1/29/2030 Health, LLC Suite 401, White Plain	ns, NY	Code: <u>28110</u>
Scope of Contract (Choose one that Analysis D Evaluation Data Processing D Engineering Architect Server Health Services A Accounting Auditing D	on Resear Computer Programm ices Survey	ingOther /ingEnviron :alth Services	Training IT consulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
(All)	0	0	\$0.00
Total this page	0	0	0
Grand Total	0	0	\$0.00

Name of person who prepared this	report: Juan Ruiz	
Preparer's Signature:	kenne S'	
Title: Controller		Phone #: (914) 428-2233
Date Prepared: 4/21/2025		
		<b>D</b> 4 C 4

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University       Agency Code: 28110         Contract Number: C-507301				
Scope of Contract (Choose one that         Analysis       Evaluati         Data Processing       Engineering         Engineering       Architect Services         Health Services       Auditing	on Resea Computer Programm ices Survey Mental He Paralegal	ing Other ving Enviror calth Services C Legal C	Training  Training  Training  Training  To consulting  To consulti	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
29-1141.00 Registered Nurses	2	179.50	\$15,167.75	
21-1014.00 Mental Health Counselors	4	398	\$14,683.12	
29-2061.00 Licensed Practical and Licensed Vocational Nurses	2	227	\$13,419.30	
19-5011.00 Occupational Health and Safety Specialists	2	78	\$2,535.00	
Total this page	10	882.50	\$45,805.17	

10

Name of person who prepared this report: Naga Nagarajan

Preparer's Signature: Vaga Vagarajan

Grand Total

Title: Manager

Phone #: <u>703 349</u> 6803.

882.50

Date Prepared: 04/16/2025

Use additional pages if necessary)

\$45,805.17

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-507301	
Contract Term: 01/30/2025 to 01/29/2030	
Contractor Name: Inficare Health Inc.	
Contractor Address: 22375 Broderick Dr. Suit 225 Dulles VA 20166	
Description of Services Being Provided Temporary clinical staffing	

Scope of Contract (Choose one that I		_	
Analysis Evaluatio			Training 🗌
	Computer Programm		· IT consulting
Engineering Architect Servi Health Services			nmental Services
Accounting Auditing	Paralegal	ealth Services	
	r araiegar 🔄	Legal 🔛	Other Consulting 🛛
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1141.00 Registered Nurses			
	2	179.50	\$15,167.75
21-1014.00 Mental Health			
Counselors	4	398	\$14,683.12
29-2061.00 Licensed Practical		007	<b>*12</b> (10 20
and Licensed Vocational Nurses	2	227	\$13,419.30
19-5011.00 Occupational Health	2	70	¢2 525 00
and Safety Specialists	4	78	\$2,535.00
Total this page	10	882.50	\$45,805.17
Grand Total	10	882.50	\$45,805.17

Name of person who prepared this report: Naga Nagarajan

Dueneeule	Signature:	Varal	asa	raian.
Preparer s	Signature:	d	J	-

Title: Manager

Phone #: \_703 349 6803.

Date Prepared: 04/16/2025

Use additional pages if necessary)

### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: C-507302
Contract Term: <u>01/30/2025</u> to <u>01/29/2030</u>
Contractor Name: Infojini, Inc
Contractor Address: 10015 Old Columbia Road, Suite B215, Columbia, MD 21046
Description of Services Being Provided Temporary Clinical Staffing
Scope of Contract (Choose one that best fits):

Analysis Evaluati			Training 🗌 🔄
Data Processing	Computer Programm	<u> </u>	IT consulting
Engineering Architect Serv		ē II	nmental Services
Health Services 🖂		alth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Service Workers	4	397	\$5,739.41
Total this page	4	397.25	\$5,739.41
Grand Total	4	397	\$5,739.41

Name of person who prepared this report: Sandeep Harjani

Preparer's Signature:	eley	_
-----------------------	------	---

Title: President

Phone #: 443-257-0086

Date Prepared: 04/17/2025

Use additional pages if necessary)

Page of

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: C-507305
Contract Term: <u>2/1/2025</u> to <u>1/31/2030</u>
Contractor Name: MedicalPeople Staffing LLC
Contractor Address: 1780 Wehrle Drive Suite 105 Williamsville, NY 14221
Description of Services Being Provided Clinical Temporary Staffing Services

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 Resea	rch 🗌	Training
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	ices Survey	ring Enviro	nmental Services
Health Services Mental Health Services			
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting 🔀
			-
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1141.01 Acute Care Nurses	53	14,533	\$1,814,527.00
29-1122.00 Occupational			
Therapists	3	863	\$67,980.00
29-1123.00 Physical Therapists	1	345	\$31,417.00
29-1124.00 Radiation Therapists	2	283	\$37,705.00
29-2012.00 Clinical Lab			
TEchnicians	5	2,077	\$236,863.00
29-2034.00 Radiologic			
Technologist	5	1,430	\$198,449.00
29-2055.00 Surgical Technoligsts	1	168	\$15,899.00
Total this page	70	19,699	\$2,402,840.00
Grand Total	70	19,699	\$2,402,840.00

Name of person who prepared this report: Kara Bermingham

Preparer's Signature

Title: Managing Partner

Phone #: (716)650-4534

Date Prepared: <u>5//2/2025</u>

Use additional pages if necessary)

### FORM B

OSC Use Only: Reporting Code: Category Code:

## **State Consultant Services** Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>C-507306</u> Contract Term: <u>01/30/2025</u> to Contractor Name: Medix Staffing Sol Contractor Address: 7839 Solution Ce Description of Services Being Provide	01/29/2030 utions, LLC enter, Chicago, IL 606	577	Code: <u>28110</u>
Scope of Contract (Choose one that Analysis Devaluation Data Processing Devaluation Engineering Architect Serv Health Services Architect Serv Accounting Auditing Devaluation	on Resea Computer Programm ices Survey Mental He	ing Other ving Enviror ealth Services	Training IT consulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
n/a	0	0	\$0.00
			+ • • • •
Total this page	0	0	0
Grand Total	0	0	\$0.00

Name of person who prepared this report: <u>Kyle Sutton</u> Preparer's Signature: <u>Kyle Sutton</u>	
Title: Corporate Counsel	Phone #: <u>312-487-5800</u>
Date Prepared: <u>04/16/2025</u>	
Use additional pages if necessary)	Page 1 of 1

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: C-507310
Contract Term: February 1, 2025 to January 31, 2030
Contractor Name: Penda Aiken, Inc.
Contractor Address: 330 Livingston Street, 2 <sup>nd</sup> Fl, Brooklyn, NY 11217
Description of Services Being Provided Temporary Clinical Staffing Services

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 🛛 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices Survey	ving Enviror	mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
N/A	0	0	\$0.00
Total this page	0	0	0
Grand Total	0	0	0

Name of person who prepared this report: LaShone Sweeney

Preparer's Signature: LaShone Sweeney

Title: Human Resources Manager

Phone #: 718 643-4880

Date Prepared: <u>5//6/2025</u>

Use additional pages if necessary)

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#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: C-507312	
Contract Term: <u>2/1/2025</u> to <u>2/1/2030</u>	
Contractor Name: RCM Technologies Inc	
Contractor Address: 333 7th Avenue, 18th Floor New York, NY 10001	
Description of Services Being Provided n/a	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv	ices 🗌 Survey	ving 🗌 Enviror	nmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
n/a	0	0	\$0.00
Total this page	0	0	0
Total this page	0	0	0
Grand Total	0	0	\$0.00

Name of person who prepared this report: Melanie Chen

# Preparer's Signature: Melanie Joy a Chen

Title: Healthcare Operations Manager

Phone #: 917-2865248

Date Prepared: <u>4 /28/2025</u>

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C-507312	
Contract Term: 2/1/2025 to 2/1/2030	
Contractor Name: RCM Technologies Inc	
Contractor Address: 333 7th Avenue, 18th Floor New York, NY 10001	
Description of Services Being Provided n/a	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training
Engineering Architect Serv	Computer Programm		IT consulting
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
n/a	0	0	\$0.00
Total this page	0	0	0
Grand Total	0	0	\$0.00

Name of person who prepared this report: Melanie Chen

Preparer's Signature: Melanie Joy a Chen

Title: Healthcare Operations Manager

Phone #: 917-2865248

Date Prepared: 4 /28/2025

Use additional pages if necessary)

OSC Use Only: Reporting Code:

### Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUI	NY Upstate Medical U	Iniversity Agency	Code: <u>28110</u>
Contract Number: C507313	_		
Contract Term: $1/30/2025$ to	1/29/2030		
Contractor Name: Remede Consulting	g Group, Inc		
Contractor Address: 99 Tulip Avenue		k. NY 11001	
Description of Services Being Provide			
		8 ·····-	
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 🦳 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other 1	IT consulting
Engineering Architect Serv	vices 🗍 🔹 Survey	ving Environ	mental Services
Health Services 🔀		ealth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
	6 —	<i>c</i> <u> </u>	6
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
RN 29-1141	0	0	\$0.00

Total this page00Grand Total00\$0.00\$0.00

Name of person who prepared this report: Marie Basile

Preparer's Signature: Marie Basile

Title: Office/Payroll Manager

Date Prepared: 04/15/2025

Use additional pages if necessary)

Page 1 of 1

Phone #: <u>516-616-6800</u>

### FORM B

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C507313	
Contract Term: <u>1/30/2025</u> to <u>1/29/2030</u>	
Contractor Name: Remede Consulting Group, Inc	
Contractor Address: 99 Tulip Avenue, Suite 105 Floral Park, NY 11001_	
Description of Services Being Provided Temporary Nursing Staff	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on 🗌 🛛 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv			onmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting
Employment Cotegomy	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
RN 29-1141	0	0	\$0.00
Total this page	0	0	0
Grand Total	0	0	\$0.00

Name of person who prepared this report: Marie Basile

Preparer's Signature: Marie Basile

Title: Office/Payroll Manager

Phone #: <u>516-616-6800</u>

Date Prepared: 04/15/2025

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name	: <u>SUNY</u>	Y Upstate Medica	l University	Agency Code:	28110
Contract Number: C-507314					
Contract Terms $1/20/2025$	to	1/20/2020			

Contract Term: <u>1/30/2025</u> to <u>1/29/2030</u>

Contractor Name: SHC Service Inc.\_\_\_\_\_ Contractor Address: 6955 Union Park Center Drive Suite 400, Cottonwood Heights, UT 84047\_\_\_\_ Description of Services Being Provided Temporary Staffing Services\_\_\_\_\_

Scope of Contract (Choose one that	best fits):		
		rch	Training
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv	<u> </u>		
Health Services Mental Health Services			
Accounting Auditing			Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Certified Nursing Assistant	1	298	\$14,319.43
Endo Tech	3	3,463	\$271,782.40
LPN/LVN	8	5,258	\$407,762.32
Occupational Therapist	1	327	\$37,780.46
Operating Room Tech	6	2,495	\$200,106.47
Registered Nurse	50	38,769	\$5,361,844.40
Sterile Processing Tech	2	399	\$22,466.35
Ultrasonographer	1	302	\$25,405.15
Total this page	72	51,313.77	\$6,341,466.98
Grand Total	72	51,313	\$6,341,466.98

Name of person who prepared this report: Kristina Riescher

Preparer's Signature: Kisting fiescher

Title: Corporate Compliance Manager

Phone #: 888-265-1068

Date Prepared: <u>4/30/2025</u>

Use additional pages if necessary)

Exhibit Y			se Only:
FORM B		Reporting Code: Category Code:	
	State Consultant S	ervices	
Cont	tractor's Annual Empl	oyment Report	
Report	Period: April 1, 2024 t	o March 31, 2025	
Contracting State Agency Name : Contract Number: <u>C-507314</u> Contract Term: <u>1/30/2025</u> t Contractor Name: SHC Service Ind Contractor Address: 6955 Union P Description of Services Being Prov	o <u>1/29/2030</u> c ark Center Drive Suite 4	00, Cottonwood Heig	cy Code: <u>28110</u>
Analysis 🗌 🛛 Evalu	ation 🗌 🛛 Resea		Training 🗌
Analysis Evalu Data Processing Engineering Architect So	ation Resea Computer Programm ervices Surve Mental H	ing D Othe ying D Envire ealth Services D	r IT consulting 🗌 onmental Services 🗌
Analysis Evalu Data Processing Engineering Architect So Health Services	ation Arguing Resear Computer Programm ervices Surver Mental Ho Paralegal Arguing Number of	ing D Othe ying D Enviro ealth Services D Legal D Number of Hours	r IT consulting onmental Services Other Consulting Amount Payable
Analysis Evalu Data Processing Engineering Architect Se Health Services Accounting Auditing Employment Category	ation D Resea Computer Programm ervices Surve Mental He Paralegal D	ing D Othe ying D Envire ealth Services D Legal D Number of Hours Worked	r IT consulting onmental Services Other Consulting Amount Payable Under the Contra
Analysis Evalu Data Processing Engineering Architect Se Health Services Accounting Auditing Employment Category Certified Nursing Assistant	ation Arguing Resear Computer Programm ervices Surver Mental Ho Paralegal Arguing Number of	ing D Othe ying D Enviro ealth Services D Legal D Number of Hours	r IT consulting onmental Services Other Consulting Amount Payable
Analysis Evalu Data Processing Engineering Architect Se Health Services Accounting Auditing Employment Category Certified Nursing Assistant Endo Tech	ation Resea Computer Programm ervices Surve Mental H Paralegal Number of Employees 1 3 8	ing D Othe ying D Envire ealth Services D Legal D Number of Hours Worked 298	r IT consulting onmental Services Other Consulting Amount Payable Under the Contra \$14,319.43
Analysis Evalu Data Processing Architect So Engineering Architect So Health Services A Accounting Auditing Employment Category Certified Nursing Assistant Endo Tech LPN/LVN Occupational Therapist	ation Resear Computer Programm ervices Mental Hi Paralegal Mental Hi Paralegal 1 Number of Employees 1 3 8 1	ing C Othe ying Environ ealth Services Legal C Number of Hours Worked 298 3,463 5,258 327	r IT consulting onmental Services Other Consulting Amount Payable Under the Contra \$14,319.43 \$271,782.40
Analysis Evalu Data Processing Engineering Architect So Health Services Accounting Auditing Employment Category Certified Nursing Assistant Endo Tech LPN/LVN Occupational Therapist Operating Room Tech	ation Resear Computer Programm ervices Surve Mental He Paralegal Number of Employees 1 3 8 1 6	ing C Othe ying Environ ealth Services Legal C Number of Hours Worked 298 3,463 5,258 327 2,495	r IT consulting onmental Services Other Consulting Amount Payable Under the Contra \$14,319.43 \$271,782.40 \$407,762.32 \$37,780.46 \$200,106.47
Analysis Evalu Data Processing Architect Second Engineering Architect Second Health Services Accounting Auditing Counting Auditing Counting Certified Nursing Assistant Employment Category Certified Nursing Assistant Endo Tech LPN/LVN Occupational Therapist Operating Room Tech Registered Nurse	ation Resear Computer Programm ervices Surve Mental He Paralegal Number of Employees 1 3 8 1 6 50	ing Content of the services Content ing Co	r IT consulting onmental Services Other Consulting Amount Payable Under the Contrad \$14,319.43 \$271,782.40 \$407,762.32 \$37,780.46 \$200,106.47 \$5,361,844.40
Analysis Evalu Data Processing Architect Second Engineering Architect Second Health Services Accounting Auditing Counting Auditing Counting Certified Nursing Assistant Employment Category Certified Nursing Assistant Endo Tech LPN/LVN Occupational Therapist Operating Room Tech Registered Nurse Sterile Processing Tech	ation Resear Computer Programm ervices Survey Mental H Paralegal Number of Employees 1 3 8 1 6 50 2	ing Content ying Content ealth Services Content Legal Content Number of Hours Worked 298 3,463 5,258 327 2,495 38,769 399	r IT consulting onmental Services Other Consulting Amount Payable Under the Contract \$14,319.43 \$271,782.40 \$407,762.32 \$37,780.46 \$200,106.47 \$5,361,844.40 \$22,466.35
Data Processing Engineering Architect Se Health Services Accounting Auditing Employment Category Certified Nursing Assistant Endo Tech LPN/LVN Occupational Therapist Operating Room Tech Registered Nurse Sterile Processing Tech	ation Resear Computer Programm ervices Surve Mental He Paralegal Number of Employees 1 3 8 1 6 50	ing Content of the services Content ing Co	r IT consulting onmental Services Other Consulting Under the Contract \$14,319.43 \$271,782.40 \$407,762.32 \$37,780.46 \$200,106.47 \$5,361,844.40
Analysis Evalu Data Processing Architect So Engineering Architect So Health Services A Accounting Auditing	ation Resear Computer Programm ervices Survey Mental H Paralegal Number of Employees 1 3 8 1 6 50 2	ing Content ying Content ealth Services Content Legal Content Number of Hours Worked 298 3,463 5,258 327 2,495 38,769 399	r IT consulting onmental Services Other Consulting Amount Payable Under the Contra \$14,319.43 \$271,782.40 \$407,762.32 \$37,780.46 \$200,106.47 \$5,361,844.40 \$22,466.35

Name of person who prepared this report: Kristina Riescher

Preparer's Signature: Kisting Preserves

Title: Corporate Compliance Manager

. . . . . . .

Phone #: 888-265-1068

Date Prepared: 4/30/2025

Use additional pages if necessary)

Page 1 of 1

p.2

Exhibit Y	OSC Use Only:
	Reporting Code:
FORM B	Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: <u>C-507315</u>
Contract Term: <u>1/30/2025</u> to <u>1/29/2030</u>
Contractor Name: SnapMedTech Inc. dba SnapCare
Contractor Address: 999 Peachtree Street NE Suite 2750 Atlanta, GA 30309
Description of Services Being Provided Nursing, Allied Health, and Technical Services

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices Survey	/ing Enviror	mental Services
Health Services	Mental He	ealth Services 🛛	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
N/A	0	0	N/A
Total this page	0	0	N/A
Grand Total	0	0	\$0.00

Name of person who prepared this report: Joshua Mendez

Preparer's Signature: Joshua Mendez

Title: Director; Client Success

Phone #: 813-298-3390

Date Prepared: <u>5/8/2025</u>

Use additional pages if necessary)

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State Consultant Services Contractor's Annual Employment Report Report Period: April 1, <u>2024</u> to March 31, <u>2025</u>					
Contracting State A	gency Name: SUNY U	pstate Medical Univ	ersity Agency	Code: <u>28110</u>	
<b>Contract Number:</b>	C-507317	7			
<b>Contract Term:</b> 1/	/30/2025 to 1/2	9/2030			
Contractor Name:	Sunbelt Staffing, LLC				
	2.				
Contractor Address	: 501 Brooker Creek Bou	levard, Suite A-400	, Oldsmar FL 34677		
<b>Description of Servi</b>	ces Being Provided Ter	nporary Staffing			
Scope of Contract (	Choose one that best Fits)				
Analysis 🗌	Evaluation	Research	Training		
Data Processing Computer Programming O Other IT Consulting					
Engineering	Architect Services	Surveying	Environme	ntal Services	
Health Services 🛛	Mental Health Services				
Accounting	Auditing Para	legal	Legal	Other Consulting	
Employn	nent Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
	naging	1	194.25	\$ 10497	
	edures RN on Therapist	2	2408.75	\$ 221869.36	
	ory Therapist	1 4	617 3094	\$ 37172.32 \$ 217785.68	
	ed OR Tech	1	787	\$ 52259.61	
	CST	1	970	\$ 59857.98	
	y Room Nurse	3	4139.25	\$ 394702.54	
	Surg Nurse	1	96.5	\$ 15238.96	
	Operating Room Nurse 2 2170 \$ 232987.88				
Sterile I	Sterile Process Tech 2 2035 \$ 55545.15				
				\$ \$	
				\$	
				\$	
				\$	
	This Page	18	16512	\$ 1297916.48	
Gra	Grand Total 18 16512 \$ 1297916.48				

Name of person who prepared this report: Casey Bradford

Preparer's Signature: breedfield alers

Title: Compliance Specialist

Date Prepared: 4/17/2025

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUR</u> Contract Number: <u>C-507321</u> Contract Term: <u>1/30/2025</u> to Contractor Name: TotalMed LLC dba Contractor Address: 221 W College A Description of Services Being Provide	<u>1/29/2030</u> a TotalMed Staffing_ Avenue, Floor 2 Appl	eton, WI 54911	Code: <u>28110</u>
Scope of Contract (Choose one that         Analysis       Evaluati         Data Processing	on Resea Computer Programm ices Survey Mental He	ing	Training IT consulting Imental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
0	0	0	\$0.00
Total this page			
Grand Total			

Name of person who prepared this report: Daniel Guzman

Preparer's Signature:

Title: Regulatory Compliance Manager

Phone #: <u>408-508-0671</u>

Date Prepared: <u>5/15/2025</u>

Use additional pages if necessary)

Page 1 of 1

#### FORM B

AC 3272-S (Effective 4/12)

FORM B

Contractor's	S Annual Em	ultant Services <b>ployment Rep</b> 4 to March 31, 202	port 25
Contracting State Agency Name: S Contract Number: C 507431 Contract Term: 03/01/2025 to 02 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	/28/2030 y Practice, Inc. treet, Syracuse, I	Agency Business L Agency Departmen NY 13210	
□ Data Processing □ Computer Pr □ Engineering □ Architect Service □ Health Services ⊠ Mental Health	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	34.68	\$6,859.08
	0.00	0.00	\$0.00
0	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	34.68	\$6,859.08
Grand Total	3.00	34	\$6859.08

Name of person who prepared this report: Terri Weston

Title: CFO

Preparer's Signature: Terric West

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>	
Contract Number: <u>C-600963</u>	
Contract Term: 09/01/2020 to 08/31/2025	
Contractor Name: Upstate Orthopedics, LLP	
Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057	_
Description of Services Being Provided Internal Cost Savings Agreement for Orthopedics.	

Scope of Contract (Choose one that Analysis D Evaluation Data Processing D Engineering Architect Serv Health Services A Accounting Auditing D	on Resear Computer Programm rices Survey	ing C Other C ving E Enviror ealth Services C	Training  Traini
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-9111.00/29-1242.00	1	50	\$302,080.00
l			
Total this mass	1	50	\$202.080.00
Total this page Grand Total	1	50 50	\$302,080.00 \$302,080.00
Utaliu Totai	1	30	\$302,080.00

Name of person who prepared this report: Cynthia Morris

Preparer's Signature:

Title: Accountant

Phone #: <u>315-464-8197</u>

Date Prepared: <u>05/06/2025</u>

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>C-507300</u> Contract Term: <u>1/30/2025</u> to Contractor Name: HumanEdge Allied Contractor Address: 30 Glenn Street, S Description of Services Being Provided	1/29/2030 Health, LLC Suite 401, White Plai	ns, NY	y Code: <u>28110</u>
Scope of Contract (Choose one that the Analysis Analysis Evaluation Data Processing Architect Service Health Services Accounting Auditing Auditing Auditing Examples of the Auditing Au	n Resea Computer Programm ces Survey	ing Other ying Enviro ealth Services	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
(All)	0	0	\$0.00
Total this page	0	0	0
Grand Total	0	0	\$0.00

Name of person who prepared this report:	Juan Ruiz
Preparer's Signature:	egg-
Title: Controller	Phone #: (914) 428-2233

Date Prepared: 4/21/2025

Use additional pages if necessary)

Page 1 of 1

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUI	NY Upstate Medical U	Jniversity Agency	Code: <u>28110</u>
Contract Number: C5073322			
Contract Term:to			
Contractor Name: Tryfacta Inc.			
Contractor Address: 4637 Chabot Dri		nton CA 94588	
Description of Services Being Provide			
Description of Services Deing 110/100	d Starring and Reen		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	vices Survey		mental Services
Health Services	Mental He	ealth Services	
Accounting Auditing			Other Consulting 🔀
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Registered Nurse	2	1.049	\$120,122.83
Registered Nuise	2	1,049	φ120,122.03
Total this page			
Grand Total			

Name of person who prepared this report: Praveen Bandi

Preparer's Signature: praveen bandi

Title: Vice President

Phone #: 315-512-4535

Date Prepared: <u>05/13/2025</u>

Use additional pages if necessary)

Page of

#### FORM B

Exhibit Y	OSC Use Only:
	Reporting Code:
FORM B	Category Code:

# **State Consultant Services Contractor's Annual Employment Report**

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: CM03681	
Contract Term: October 21, 2020 to October 20, 2025	
Contractor Name: Hogan Lovells US LLP	
Contractor Address: 555 13th Avenue NW, Washington, DC 20004	
Description of Services Being Provided Legal Services	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	ices Survey	ving Enviror	nmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal 🖂	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
23-2011.0 Partners	8	116	\$112,044.00
23-2011.0 Sr. Associates	6	59	\$43,834.00
23-2011.0 Associates	1	3	\$1,839.00
Total this page			
Grand Total	16	178	\$157,717.00

Name of person who prepared this report:	Jeffrey G. Schneider
Preparer's Signature:	$\mathcal{C}$
Title: Partner	Phone #: 212-918-350

Title: Partner

Phone #: 212-918-3503

Date Prepared: 04/22/2025

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: Uni Contract Number: CM04209	versity Hospital o	of Upstate Medical Ur Agency Business Ur	•
Contract Term: 01/01/2025 to 12/3	21/2027	Agency Department	
Contractor Name: FustCharles LLP	)  /2021	Аденсу Бераншен	ID.
Contractor Address: 220 S Warren St	t Svracuse NY	13202	
Description of Services Being Provided: Financial statement audit services for the year ended			
December 31, 2024. Present the Firm's audit plan and the results of the audit to the State			
University Audit Committee. Provide an independent auditor's report on the hospital financial			
statements.			
Scope of Contract (Choose one that be	est fits):		
	-	ning	
Data Processing Computer Pro		Other IT consulting	
Engineering Architect Services		-	Services
Health Services     Mental Health	Services	_	
☐ Accounting ⊠ Auditing □ Pa	ralegal 🛛 🗌 Leg	al 🗌 Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
	T T		
13-2011.00 Accountants and Auditors	7.00	118.00	\$65,000.00
13-2011.00 Accountants and Auditors	7.00 0.00	118.00 0.00	\$65,000.00 \$0.00
13-2011.00 Accountants and Auditors			. ,
13-2011.00 Accountants and Auditors	0.00	0.00	\$0.00
13-2011.00 Accountants and Auditors	0.00 0.00	0.00 0.00	\$0.00 \$0.00
13-2011.00 Accountants and Auditors	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00
13-2011.00 Accountants and Auditors	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
13-2011.00 Accountants and Auditors	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
13-2011.00 Accountants and Auditors	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
13-2011.00 Accountants and Auditors	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
13-2011.00 Accountants and Auditors	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
13-2011.00 Accountants and Auditors	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
13-2011.00 Accountants and Auditors	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Total this Page	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

)heppard

Name of person who prepared this report: Kristen Sheppard

pister S

Title: CFO

Phone #: 315-446-3600

Date Prepared: 05/07/2025

Preparer's Signature:

(Use additional pages, if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C/X-505163	
Contract Term: 10/1/2023 to 9/30/2026	
Contractor Name: Ophthalmology Medical Service Group	
Contractor Address: 550 Harrison Street, Suite L, Syracuse NY, 13202_	
Description of Services Being Provided Inpatient Rounding Services for	r University Hospital

Scope of Contract (Choose one that I Analysis D Evaluation Data Processing D Engineering Architect Servi Health Services A Accounting Auditing D	on Rese Computer Program ces Surve	eying 🔲 Environ Iealth Services 🗌	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Ophthalmologists	6	2,496	\$498_600.00
Total this page	6	2496	498,600
Grand Total	6	2,496	498,600

Name of person who prepared this report: Diedre Boozer

Preparer's Signature:

Title: Business Manager

Phone #: 315-464-8129

Date Prepared: 04/16/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name	SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C/X-505730		
Contract Term: 07/01/2021	to 06/30/2026	
Contractor Name: Ophthalmolog	y Medical Service Group	
Contractor Address: 550 Harrison	1 Street, Suite L, Syracuse NY, 13202	
Description of Services Being Pro	vided Medical Director Agreement - S	Samuel Alpert
	-	

Scope of Contract (Choose one that I Analysis Devaluation Data Processing Devaluation Engineering Architect Servi Health Services A Accounting Auditing D	on  Rese Computer Program ces  Surve	eying Enviro Iealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Ophthalmologist	1	624	\$684,490.00
Total this page	1	624	684,490
Grand Total	1	624	\$684_490.00

Name of person who prepared this report: Diedre Boozer

2

Preparer's Signature: Malue

Title: Business Manager

Phone #: 315-464-8129

Date Prepared: 04/16/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name	:SUN	Y Upstate Medical Uni	versity	Agency Code: 28110	
Contract Number: C/X-505791	_	8			
Contract Term: 07/01/2021	to	06/30/2026			
Contractor Name: Ophthalmolog	y Med	lical Service Group			
Contractor Address: 550 Harrison	n Stre	et, Suite L, Syracuse N	Y, 13202		
Description of Services Being Pro	ovided	Provider-Based Agre	ement - Oph	nthalmology	

Scope of Contract (Choose one that h Analysis Analysis Evaluation Data Processing Architect Service Health Services Analysis Accounting Auditing	n Resear Computer Programmi ces Survey	ing C Other ring C Environ alth Services C	Training [] IT consulting [] nmental Services [] Other Consulting []
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Ophthalmologists and Optometrists	45	2.080	\$823,270
Total this page	8	2080	823,270
Grand Total	8	2,080	\$823,270.00

Name of person who prepared this report: Diedre Boozer

Unw Bog

Preparer's Signature:

Title: Business Manager

Phone #: 315-464-8129

Date Prepared: 04/16/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: 28110
Contract Number: C/X-506741	
Contract Term: 10/1/2023 to 9/30/2026	
Contractor Name: Ophthalmology Medical Service Group	
Contractor Address: 550 Harrison Street, Suite L, Syracuse NY, 13202_	
Description of Services Being Provided Physician Services Agreement	- Stephen Merriam

Scope of Contract (Choose one that I Analysis D Evaluation Data Processing D Engineering Architect Servi Health Services A Accounting Auditing D	on Rese Computer Programm ces Surve	eying Enviro Iealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Ophthalmologist	1	2,080	\$456.037.00
Total this page	1	2080	456,037
Grand Total	1	2,080	456,037

Name of person who prepared this report: Diedre Boozer

h

Preparer's Signature:

Title: Business Manager

1. 04/18/2025

Phone #: 315-464-8129

Date Prepared: 04/16/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 D550372
 Contract Term: 07/29/2024
 0 08/03/2026

 Contractor Name:
 Dwyer Architectural, LLC
 Contractor Address: 110 West Fayette St., Suite 225, Syracuse NY 13202
 Description of Services Being Provided 151195/1155 UH 3W Refresh (23-079)

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🔪 Evaluat		rch 🗌	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Ser	vices 🕅 🛛 Survey		mental Services
Health Services		alth Services	<u> </u>
Accounting Auditing	Paralegal 🗌	Legal 🗍	Other Consulting 🗌
			r
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
17-1011.00 Architects, Except		<u>^</u>	
Landscape and Naval (Partner)	0	0	0
17-1011.00 Architects, Except			
Landscape and Naval (PA)	1	626	\$1,258.73
17-3011.01 Architectural			
Drafters	3	1304.50	\$77,565.57
43-6014.00 Secretaries & Admin			
Assistants, Except Legal,			
Medical and Executive	1	11.75	\$857.40
17-3011.01 Architectural			
Drafters (Senior Designer)	1	17.25	\$1,258.73
17-1011.00 Architects, Except			
Landscape and Naval (PM)	1	144	\$16,345.44
Total this page			
Grand Total	7	2,103.50	\$97,285.87

Name of person who prepared this report: Kristen Zdrojewski

Preparer's Signature:

I

Title: Operations Manager

Phone #: 315.473.1800

Date Prepared: 04/09/2025

Use additional pages if necessary)

FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY L	Jpstate Medical University	Agency Code: 28110
Contract Number: D550372		
Contract Term: <u>07/24/2024</u> to <u>08</u>	3/03/2026	
Contractor Name: IBC Engineering, P.C		
Contractor Address: 3445 Winton Place St	uite 219	

Description of Services Being Provided 151195/1155 UH 3W Refresh (23-079)\_\_\_\_\_

Scope of Contract (Choose one that	hest fits).			
Analysis Evaluati		rch	Trainin a 🗖	
			Training	
Data Processing	Computer Programm		IT consulting	
Engineering Architect Serv		ě 🗕	nmental Services 🗌	
Health Services		alth Services 🗌		
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌	
Employment Category	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
Mechanical Engineer	2	1,430	\$200,200.00	
Electrical Engineer	1	520	\$72,800.00	
General Operations Manager	1	160	\$24,000.00	
Chief Executive	1	. 70	\$13,300.00	
Mechanical Drafter	2	360	\$36,146.00	
Electrical Drafter	1	120	\$10,800.00	
	· · · · · · · · · · · · · · · · · · ·			
Total this page				
Grand Total	8	2,660	\$357,246.00	

Name of person who prepared this report: Andrew J. Jarosz

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

Title: Associate

Phone #: <u>585-233-6834</u>

Date Prepared: 05/07/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	aity Agency Code: 28110
Contract Number: D550372	
Contract Term: 07/29/2024 to 08/03/2026	
Contractor Name: John P. Stopen Engineering, LLP	
Contractor Address: 450 S. Salina St., Rm 400 Syracuse NY 1320	01-0029
Description of Services Being Provided 151195/1155 UH 3W Re	efresh (23-079)
	······································

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🛛 Evaluati	on 🗌 👘 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programmi	ing 🔲 🛛 Other	IT consulting
Engineering 🖂 Architect Serv	vices 🗍 👘 Survey	/ing 🔲 🛛 Enviro	nmental Services 🔲
Health Services	Mental He	alth Services	•
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
Employment Cotogony	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
11-1011.00 Structural EngPartner	1	32	\$4,754.56
17-3019.00 Drafter	1	48	\$4,704.00
17-2199.00 Structural Engineer	3	39	\$4,315.35
		· · · · · · · · · · · · · · · · · · ·	
			ļ
Total this page	5	119	13,773.91
Grand Total	5	119	13,773.91

Name of person who prepared this report: Andrea H. Galster

Preparer's Signature: Maton H. Gal st

Title: Accounting

Phone #: 315-472-5238

Date Prepared: 04/09/2025

Use additional pages if necessary)

Page 1 of 1

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: D550372
Contract Term: <u>07/29/2024</u> to <u>08/03/2026</u>
Contractor Name: R.L. Young, LLC dba Trophy Point
Contractor Address: 4588 South Park Avenue, Blasdell NY 14219
Description of Services Being Provided 151195/1155 UH 3W Refresh (23-079)

······			· · · · · · · · · · · · · · · · · · ·	
Scope of Contract (Choose one that best fits):				
Analysis 🗌 🛛 Eva		n 🗌 Resear	rch 🗌	Training 🗌
Data Processing	C	Computer Programmi	ing 🗌 Other 1	IT consulting
Engineering Architect		es 🗍 🛛 Survey		mental Services
Health Services			alth Services	
Accounting Auditing	g 🗌	Paralegal	Legal 🗌	Other Consulting 🔀
		<b>v</b> =		<b>~</b>
Employment Category		Number of	Number of Hours	Amount Payable
Employment Category		Employees	Worked	Under the Contract
13-1051.00		6	53	\$8,401.62
Total this page				
Grand Total				

Name of person who prepared this report: Peter Trzybinski

Preparer's	Signature:	Pt	M	1	Ň

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: <u>4/8/2025</u>

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: SUNY Upstate Medical University Contract Number: D550381 Agency Business Unit: SNY01 Contract Term: 10/9/2024 to 8/10/2026 Agency Department ID: 3320211 Contractor Name: M/E Engineering, P.C. Contractor Address: 300 Trolley Boulevard, Rochester, NY 14606 Description of Services Being Provided: Mechanical, Electrical and Plumbing Engineering Services, including Architectural Services, Surveying, Exhaust Ductwork Video Scoping and Enviromental Services provided by subconsultants.					
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       Other Consulting					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
17-2141.00	2.00	41.00	\$6,096.95		
17-3023.00	1.00	13.00	\$1,137.98		
17-3027.00	2.00	149.50	\$13,918.37		
49-9021.00	2.00	32.00	\$3,990.00		
19-4091.00	6.00	86.50	\$6,957.27		
11-1011.00	1.00	6.50	\$1,344.05		
19-9199.00	1.00	0.50	\$79.06		
17-1011.00	5.00	258.75	\$7,236.00		
49-9071.00	2.00	16.00	\$690.00		
	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	22.00	603.75	\$41,449.68		
Grand Total	22.00	603.75	\$41,449.68		

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Name of person who prepared this report: Jessica Cucinotta

Title: Accounting Representative lessica Preparer's Signature: \_( Date Prepared: 5/13/2025

Phone #: (585) 288-5590

(Use additional pages, if necessary)

FORM B

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OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 🗌	Training 🔲
Data Processing	Computer Programm	ing 🗌 🛛 Other	IT consulting
Engineering Architect Serv	ices 🛛 🛛 Survey	ving Enviro	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🔲	Other Consulting
			-
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
17-1011.00 Architects, Except			
Landscape and Navel (Sr. DL)	1	147.50	\$16,742.73
17-3011.01 Architectural			
Drafters (Sr Designer/PL/PA)	3	186.00	\$19,102.20
17-3011.01 Architectural			
Drafters (Designer I)	2	138.50	\$8,918.25
43-6014.00 Secretaries & Admin			
Assistants, Except Legal,			
Medical and Executive	0	0.00	\$0.00
Total this page	6	472	\$44,763.18
Grand Total			

Name of person who prepared this report: Kristen Zdrojewski

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

Title: Operations Manager

Phone #: <u>315.473.1800</u>

Date Prepared: 04/08/2025

Use additional pages if necessary)

FORM B

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OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUR         Contract Number: D550383         Contract Term:to         Contractor Name: IBC Engineering, H         Contractor Address: 3445 Winton Pla         Description of Services Being Provide         Replacement (24-010)	P.C ce Suite 219 d 151197/1163 UMI		Code: <u>28110</u> RI/CT	
Analysis Evaluati	on 🗌 👘 Resea		Training	
Engineering Architect Serv	Computer Programm		IT consulting  mental Services	
Health Services		ealth Services		
Accounting Auditing	Paralegal 🗌	Legal 🗍	Other Consulting 🗌	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
Mechanical Engineer	2	1,100	\$157,821.00	
Electrical Engineer	1	440	\$61,600.00	
General Operations Manager	1	110	\$16,500.00	
Chief Executive	1	70	\$13,300.00	
Mechanical Drafter	2	300	\$32,446.00	
Electrical Drafter	1	120	\$10,800.00	
		·····		
			· · · · · · · · · · · · · · · · · · ·	
Total this page				
Grand Total 8 2,140 \$292,467.00				
Name of person who prepared this rep Preparer's Signature:	ort: Andrew J. Jaros	SZ	· · · · · · · · · · · · · · · · · · ·	

Title: Associate

ł

Phone #: 585-233-6834

Date Prepared: 05/07/2025

Use additional pages if necessary)

FORM B

6

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Scope of Contract (Choose one that Analysis Evaluati		rch 🗌	Training 🔲
Analysis Evaluati	Computer Programmi		IT consulting
Engineering Architect Serv			nmental Services
Health Services		alth Services	
Accounting Auditing			Other Consulting
Employment Catagory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
17-2051.00 Structural Eng. Partner	2	37.00	\$6,393.60
17-3019.00 Drafter	2	42.00	\$4,762.80
17-2199.00 Structural Engineer	1	26.00	\$3,538.08
·····			
Total this page	5	105	14,694.48
Grand Total	5	105	14,694,48

Name of person who prepared this report: Andrea H. Galster

Preparer's Signature: Undreg H. Californ

Title: Accounting

Phone #: 315-472-5238

Date Prepared: 04/09/2025

Use additional pages if necessary)

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OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency (	Code: <u>28110</u>
Contract Number: D550383	
Contract Term:to	
Contractor Name: Ravi Engineering & Land Surveying , P.C	
Contractor Address: 2110 South Clinton Ave ste 1 Rochester, Ny 14618	
Description of Services Being Provided 151197/1163 UMU CH Main Hospital MR	I/CT
Replacement (24-010)	

Scope of Contract (Choose one that best fits):				
Analysis 🗌 🛛 Evaluati		rch 🗌	Training 🗌	
Data Processing	Computer Programmi	ing 🗍 Other	IT consulting	
Engineering Architect Serv	<u> </u>		nmental Services	
Health Services		alth Services		
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting	
	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
Office and Admin support	1	1	28.50	
Total this page				
Grand Total	1	1	28.50	

Name of person who prepared this report: JoAnna Sheridan

Preparer's Signature

Title: HR Manager

Phone #: 585-764-3070

Date Prepared: 04/17/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>D550383</u> Contract Term:to	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contractor Name: R.L. Young dba Tr	 ambr: Daint		
		(14010	
Contractor Address: 4588 South Park			
Description of Services Being Provide			RI/C1
	Replacement (24-	010)	
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati		rch 🗌	Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			mental Services
Health Services		ealth Services	
Accounting Auditing			Other Consulting 🔀
	<b>0</b>	ъ Ш	<i>5</i> <b>Д</b>
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
No Hours to Report			
	•		
			· · · · · · · · · · · · · · · · · · ·
			=
Total this page			
Grand Total		L	

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature: \_\_\_\_Peter Trzybinski\_\_\_\_\_

Title: Director of Finance

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Phone #: 716-823-0006

Date Prepared: <u>4/8/2025</u>

Use additional pages if necessary)

Exhibit Y	OSC Use Only:
	Reporting Code:
FORM B	Category Code:
State Consulta	nt Services
Contractor's Annual E	mployment Report
Report Period: April 1, 20	024 to March 31, 2025
Contracting State Agency Name :SUNY Upstate Med	ical University Agency Code: 28110
Contract Number: D550384	
Contract Term:to	
Contractor Name: Dwyer Architectural, LLC	
Contractor Address: 110 West Fayette St., Suite 225,	Syracuse, NY 13202
Description of Services Being Provided 151193/1506	
Classrooms	

Analysis Evaluati	on 🗌 👘 Resea	rch 🗌	Training 🔲
	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services 🔲
Health Services		alth Services 🗌	
Accounting Auditing	Paralegal	Legal	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
17-1011.00 Architects, Except	Linpiojece		
Landscape and Naval (PM)	2	223.25	\$32,581.11
17-3011.01 Architectural			
Drafters (Sr Designer)	1	431.00	\$44,263.70
17-3011.01 Architectural			
Drafters (Designer II)	1	1.00	\$91.89
43-6014.00 Secretaries & Admin			
Assistants, Except Legal,			
Medical and Executive	1	16.50	\$1,337.82
		_ ·	
Total this page	5	671.75	\$78,274.52
Grand Total			

Name of person who prepared this report: Kristen Zdrojewski

Preparer's Signature:

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Title: Operations Manager

Phone #: 315.473.1800

Date Prepared: 04/08/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name SUNY I	Upstate Medical University	Agency Code: 28110
Contract Number: D550384		
Contract Term:to		
Contractor Name: John P. Stopen Engin	eering, LLP	
Contractor Address: 450 S. Salina St., R	m 400 Syracuse NY 13201-0029	
Description of Services Being Provided	151193/1506 UMU Campus Bld	g Reno-Optometry
-	Classrooms (24-009)	

Scope of Contract (Choose one that Analysis Analysis Evaluati Data Processing Architect Serv Health Services Accounting Auditing And	on Resear Computer Programm ices Survey Mental He	ring Environer Envir	Training IT consulting nmental Services Other Consulting
Employment Category	Number of	Number of Hours Worked	Amount Payable Under the Contract
17-2051.00 Structural Eng. Partner	Employees	9	\$1,337.22
17-2051.00 Structural Engineer	1	1	\$110.56
17-2051.00 Structurar Engineer	<b>L</b>	<b>1</b>	\$110.50
		· · · · · · · · · · · · · · · · · · ·	
·			
		10	1447 79
Total this page	2	10	1447.78
Grand Total	2	10	1447.78

Name of person who pregared this report: Andrea H Galster

Preparer's Signature: Indrea H Galade

Title: Accounting

Phone #: 315-472-5238

Date Prepared: 04/08/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>D550384</u> Contract Term:to Contractor Name: <u>M/E Engineering, I</u> Contractor Address: <u>300 Trolley Boul</u> Description of Services Being Provide	P.C. levard, Rochester, NY d 151193/1506 UMI	14606	
Scope of Contract (Choose one that	L 4 64-).		
Analysis 🗌 👘 Evaluati	on Resea Computer Programm ices Survey Mental He	ing Other /ing Environ ealth Services D	Training  Traini
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2071.00	1.00	37.00	\$4,395.12
17-2141.00	2.00	89.00	\$9,406.62
17-3023.00	4.00	134.50	\$11,282.59
17-3027.00	3.00	137.00	\$13,200.67
	· · · - · · · · · · · · · · · · · · · ·		

10.00

10.00

Name of person who prepared this report: Alessica Cucinotta

Preparer's Signature: (ISSICAN. UCChofta)

Title: Accounting Representative

Total this page

Grand Total

Phone #: (585) 288-5590

397.50

397.50

Date Prepared: <u>4/16/2025</u>

(Use additional pages if necessary)

Page 1 of 1

\$38,285.00

\$38,285.00

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SU</u> Contract Number: D550384	NY Upstate Medical L	Jniversity Agency	Code: 28110
Contract Term:to			
Contractor Name: Ravi Engine			:
Contractor Address: 2110 Sout	h Clinton Ave St. 1.	Rochester NY 14618	
Description of Services Being Provide	Classrooms (24-00	0 Campus Blog Reno-C	optometry
		··	
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 🛛 Resea	rch 🗌	Training
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering 🔀 Architect Serv	ices 🗌 🛛 Survey	/ing Enviror	nmental Services
Health Services		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Environmental Eng tech 17-3025	2	47	3629.00
Environmental Eng. 17-2081	2	31.50	4585.87
Office and Admin support	1	3	235.79
Total this page			·
Grand Total	5	81.50	8450.66

Name of person who prepared this report: JoAnna Sheridan

Preparer's Signature

Title: HR Manager

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Phone #: 585-764-3070

Date Prepared: 04/17/2025

Use additional pages if necessary)

#### FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUI</u>	NY Upstate Medical U	<u>Iniversity</u> Agency	Code: <u>28110</u>
Contract Number: D550384 Contract Term: to			
Contractor Name: R.L. Young dba Tr			
e e		14010	
Contractor Address: 4588 South Park			
Description of Services Being Provide	Classica (24.0)	Campus Bldg Reno-C	Optometry
	Classrooms (24-00	)9)	<b>_</b>
Scope of Contract (Choose one that			
Analysis Evaluati			Training 🗌
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services 🗌
Health Services		ealth Services	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting 🛛
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
13-1051.00	4	67.50	\$5,625.08
		· · · · · · · · · · · · · · · · · · ·	
			· · · ·
Total this page			
Grand Total			
Name of person who prepared this rep	ort Peter Trzybinski		

Preparer's Signature:\_\_\_\_Peter Trzybinski\_\_\_\_\_

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: <u>4/8/2025</u>

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Use additional pages if necessary)

	Contractor's	Annual Em	Iltant Services p <b>loyment Repo</b> to March 31, 202	
Contract Numl Contract Term Contractor Na Contractor Ad	ate Agency Name: Ups ber: D550394 :: 03/18/2025 to 09/9 me: HOLT Architects, F dress: 619 W State Stru Services Being Provide	9/2026 PC eet Ithaca NY 14	Agency Business Ur Agency Department 1850	ID: 28110
	Architect Services	search	Other IT consulting	* * · · · · · · · · · ·
	ment Category	Employees	Hours Worked	Under the Contract
17-3011.00		2.00	42.00	\$4,123.85
17-2141.00		1.00	2.00	\$294.00
17-2071.00		1.00	2.00	\$328.00
				ingen soldingen gi
NI In				
Tota	al this Page	4.00	46.00	\$4,745.85
Gra	and Total	4.00	46	\$4,745.85

Name of person who prepared this report: Allison L. Short Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: Date Prepared: 5//13/2025

(Use additional pages, if necessary)

	Contractor's	Annual Em	ultant Services ployment Rep to March 31, 202	
Contract Numb Contract Term Contractor Nar Contractor Add	ate Agency Name: SU ber: PO #600312 : 03/19/2025 to / me: HOLT Architects, I dress: 619 W State Str Services Being Provid	/ PC eet Ithaca NY 14		· · · · · · · · · · · · · · · · · · ·
Scope of Contr Analysis Data Process Engineering Health Servic Accounting	sing Computer Pro	search	Other IT consulting	ting
	nent Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-9041.00		1.00	1.75	\$306.25
17-3011.00		1.00	15.00	\$1,725.00
				×
Tata	Atria Dana			
	this Page	2.00	16.75	\$2,031.25
Gra	nd Total	2.00	16	\$2,031.25

Name of person who prepared this report; Allison L. Short

Title: Business Manager Preparer's Signature: Date Prepared: 5//8/2025

Phone #: 607-273-7600 Ext 155

(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: Upstate Medical University Contract Number: PO 956139 Agency Business Unit: Contract Term: 5//07/2020 to 11 Agency Department ID: 28110 Contractor Name: HOLT Architects, PC Contractor Address: 619 W State Street Ithaca NY 14850 Description of Services Being Provided: UMU Phase 4 Lobby Reno 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 Number of Number of Amount Payable Hours Worked **Employment Category** Employees **Under the Contract** 17-3011.00 1.00 27.50 \$3,322.47 11-9041.00 1.00 4.25 \$563.75 17-2071.00 1.00 11.00 \$1,678.00 17-3013.00 1.00 5.50 \$742.50 43-9199.00 2.00 14.00 \$1,330.00 17-2141.00 1.00 11.25 \$1,518.75 7.00 73.50 Total this Page \$9.155.47 7.00 73 **Grand Total** \$9,155.47

Name of person who prepared this report: Allison L. Short

Title: Business Manager Preparer's Signature: Date Prepared: 5/14/2025 Phone #: 607-273-7600 Ext 155

(Use additional pages, if necessary)

Page 1 of 1

**OSC Use Only:** Reporting Code: Category Code:

FORM B

State Consultant Services

**Contractor's Annual Employment Report** 

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: <u>5-504368</u>
Contract Number: 5-504368
Contract Term: $1/1/18$ to $6/36/24$
Contractor Name: Mitcheu V. Brodey, MD
Contractor Address: 6020 West cliffe Rl, James Ville NY 13078
Description of Services Being Provided Injection Control Officer

Scope of Contract (Choose one th         Analysis       Evaluat         Data Processing       Image: Scope of Contract (Choose one th         Engineering       Architect Ser         Health Services       Auditing	tion  Resea Computer Programm vices  Survey Mental He	oing C Other I ying C Environ ealth Services C	Training IT consulting mental Services Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Physician	1	5-8 hours/wk	6.1.	th
Total this page				
Grand Total	1	5-8 hours weeken		
Name of person who prepared this a Preparer's Signature:	report: Mitchel	(V. Brodey	\$ 4958	· 33 mont
Title: MD		Phone #: 315-492	1-5151	
Date Prepared: 4/16/25				
Use additional pages if necessary)			Page of	

FORM B		Reportir	e Only: 1g Code: 2 Code:
	1 B Category Code:		
	State Consultant S		
Contra	actor's Annual Emp	loyment Report	*
Report Pe	eriod: April 1, 2024	to March 31, 2025	
Contracting State Agency Name : <u>SI</u> Contract Number: <u>5-504-3</u> Contract Term: <u>  (1/8</u> to <u>6/36</u> Contractor Name: <u>Mi+c</u> Contractor Address: <u>602</u> Description of Services Being Prov	68 124 Lea V. Brokey, MD 10 Westcliffe RL	University Agency James Ville NY 1 then Control Officer	y Code: <u>28110</u> 3078
cope of Contract (Choose one th	nat best fits):		
Scope of Contract (Choose one the Analysis ☐ Evalua Data Processing ☐ Engineering ☐ Architect Ser Health Services ☑ Accounting ☐ Auditing ☐	tion 🗌 Reset Computer Programm rvices 🗌 Surve Mental H ] Paralegal 🗌	ning D Other ying Environ lealth Services D Legal D (	Training IT consulting mental Services Other Consulting Amount Paughle
Analysis ☐ Evalua Data Processing ☐ Engineering ☐ Architect Ser Health Services ☑	tion 🗌 Resea Computer Programm rvices 🗌 Surve Mental H	ning Other ying Environ lealth Services D	IT consulting  mental Services
Analysis Evalua Data Processing E Engineering Architect Ser Health Services A Accounting Auditing	tion   Rese Computer Program rvices   Surve Mental H Paralegal	ning Other ying Environ lealth Services C Legal C Number of Hours	IT consulting mental Services Other Consulting Amount Payable
Analysis Evalua Data Processing Engineering Architect Ser Health Services A Accounting Auditing Employment Category	tion   Rese Computer Program rvices   Surve Mental H Paralegal	ning D Other ying D Environ Iealth Services D Legal D O Number of Hours Worked	IT consulting mental Services Other Consulting Amount Payable Under the Contract
Analysis Evalua Data Processing Engineering Architect Ser Health Services A Accounting Auditing Employment Category	tion   Rese Computer Program rvices   Surve Mental H Paralegal	ning D Other ying D Environ Iealth Services D Legal D O Number of Hours Worked	IT consulting mental Services Other Consulting Amount Payable Under the Contract

Use additional pages if necessary)

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>T - 5 0 5 7 6</u>	
Contract Term: $7/1/21$ to $6/30/26$	
Contractor Name: <u>University Surgical Associates, LLP</u>	
Contractor Address: <u>750 East Adams St, Syracuse, NY 13210</u>	
Description of Services Being Provided Medical Direction	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation Research			Training 🗌
			IT consulting
Engineering Architect Serv	rices Survey	ving Enviror	nmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Catagory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
1249.00		520	\$235,685
Total this page		520	\$235,685
Grand Total		520	\$235,685

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative</u> Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

FORM B

AC 3272-S (Effective 4/12)

#### FORM B

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# New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name:SUNY Upstate Medical UniversityContract Number:T-0505214Agency Business Unit:28110Contract Term:07/01/2020to06/30/25Agency Department ID:3320211Contractor Name:Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)Contractor Address:1173 Ignition Drive, South Bend, IN 46601Description of Services Being Provided:Patient Experience Services:AS, MD, IN,ON, OU, PEDS, PY, Rehab IN						
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Data Processing       Architect Services         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal						
	Number of	Number of	Amount Payable			
Employment Category	Employees	Hours Worked	Under the Contract			
43-4051.00 (Cust Serv Rep	4.00	260.00	\$259,973.00			
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$200.00			
41-3099.99 (Sales Rep)	1.00	46.00	\$30,025.00			
19-3099.99 (Social Science and Related Worker	4.00	100.00	\$72,500.00			
43-901.00 (Datea Entry Keyers)	100.00	250.00	\$94,577.00			
43-905.00 (Mail Clerk and Mail)	25.00	84.00	\$4,451.00			
Please note that we do not operaete our business in this manner where hours are specifically allocaed per person on an account basis. The information provided is the best available						
	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	138.00	750.00	\$461,726.00			
Grand Total \$434,411.13						

Name of person who prepared this report: Devin J.Anderson

Title: General Counsel and Corporate Secretary Preparer's Signature:

Phone #: 800-232-8032

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical Univ	ersity Agency Code: 28110
Contract Number: T-505692 AOA1	
Contract Term: <u>05/01/2024</u> to <u>04/30/2026</u>	
Contractor Name: Upstate Emergency Medicine, Inc	
Contractor Address: 550 East Genesee St, Syracuse, NY 13202	
Description of Services Being Provided Medical Director - Ut	ilization Management

Scope of Contract (Choose one that	best fits):				
Analysis Evaluation	on 🗌 Resea		Training 🔲 🔄		
Data Processing	Computer Programming O Other IT consulting				
Engineering Architect Serv					
Health Services		ealth Services			
Accounting Auditing	Paralegal		Other Consulting		
European Cotosom	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
29-1069.00	015	312	\$48,178.00		
Total this page					
Grand Total	015	312	\$48,178.00		

Name of person who prepared this report: Carlene	Dewane
Preparer's Signature:	
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: T-505692	
Contract Term: 05/01/2021 to 04/30/2024	
Contractor Name: Upstate Emergency Medicine, Inc	
Contractor Address: 550 East Genesee St, Syracuse, NY 13202	
Description of Services Being Provided Medical Director - Utilization I	Management
	_
Scope of Contract (Choose one that best fits):	

Scope of Contract (Choose one that	Dest ms):				
Analysis Evaluati	ion Resear	rch 🗌	Training 🗌		
Data Processing	Computer Programmi	ing 🗌 Other	TT consulting		
Engineering Architect Serv	/ices Survey	ring 🗌 Enviro	onmental Services		
Health Services					
Accounting Auditing	Paralegal	Legal	Other Consulting		
Employment Cotogony	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
29-1069.00	e15	312	\$3,590.00		
Total this page					
Grand Total	015	312	\$3,590.00		

Name of person who prepared this report: Carlene Dewane	
Preparer's Signature:	
Title: Business Manager	Phone #: <u>315-464-4864</u>
Date Prepared: 04/21/2025	
Use additional pages if necessary)	Page 1 of 1

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Nam	e : <u>SUI</u>	NY Upstate Medic	cal University	Agency Code: 28110
Contract Number: T-505733		10		
Contract Term: 6/24/2021	to	6/23/2024		
Contractor Name: Toyon Asso	ciates,	Inc		
Contractor Address: 949 South	Coast	Drive, Suite 490	Costa Mesa, CA	92626
Description of Services Being I	rovide	d Support service	es for rural redes	signation classification

Scope of Contract (Choose one that	best fits):			
Analysis Evaluation Research		reh	Training	
Data Processing       Computer Programming       Other IT consulting         Engineering       Architect Services       Surveying       Environmental Services				
Health Services		alth Services		
Accounting Auditing	Paralegal	Legal	Other Consulting 🛛	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
Chief Financial Officer	1	0	\$0.00	
Senior Director	1	0	\$0.00	
Vice President	11	0	\$0.00	
Total this page	2	0		
	3	0	0	
Grand Total	3	0	\$0.00	

Name of person who prepared this report: Ryan Sader

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

Title: Chief Financial Officer

Phone #: 888-514-9312

Date Prepared: 04/16/2025

Use additional pages if necessary)

Page 1 of 1

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Nat	*	edical University	Agency Code: <u>28110</u>
Contract Number: <u>T - 5 0 5</u>			
Contract Term: $7/1/21$ to			
Contractor Name: Universit	ty Surgical Associates,	LLP	
Contractor Address: 750 Eas	st Adams St, Syracuse.	NY 13210	
Description of Services Being	•		
	, 		
Scope of Contract (Choose of	one that best fits):		
Analysis	Evaluation	Research	Training
Data Processing	Computer Pr	aramming 🗍	Other IT consulting

	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services
Health Services		alth Services	_
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		520	\$239,437
Total this page		520	\$239,437
Grand Total		520	\$239,437

Name of person	who prepared t	his report:	Rebecca Reed

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

Title: Administrative Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

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### FORM B

FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name	:SUN	VY Upstate Medical	University	Agency Code:	28110
Contract Number: T-505880		_		0	
Contract Term: <u>2/1/2022</u>	to	2/28/2025			

Contractor Name: AMN Healthcare, Inc.\_

Contractor Address: 2999 Olympus Blvd Suite #500, Dallas, TX 75019\_\_\_\_\_ Description of Services Being Provided Temporary Healthcare Staffing\_\_\_\_

Scope of Contract (Choose one that	host fits).		
Analysis Evaluati		rch	T
Data Processing	State State		
Engineering Architect Serv	Computer Programm		IT consulting
Health Services			nmental Services
		ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
			Т
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-2034.00 CT Tech/Rad Tech	31	22,407	\$2,924,537.94
29-1127.00 Speech/Language			
Pathologist	1	3,504	\$446,352.45
29-2099.00 EEG Technologist	5	4,836	\$528,596.12
29-2061.00 Licensed Practical			
Nurse	1	322	\$19,686.24
29-2035.00 MRI Tech	2	1,721	\$195,608.00
29-2011.03 Nuc Med Tech	5	4,927	\$527,991.05
29-1123.00 Occupational Therapist	4	4,132	\$371,947.50
29-1123.00 Physical Therapist	6	5,595	\$549,068.25
29-1124.00 Radiation Therapist	3	3,831	\$504,805.00
29-1141.00 Registered Nurse	6	4,072	\$514,467.59
29-1126.00 Registered Respiratory			<i>\$</i> 311,107.33
Therapist	15	11,760	\$1,558,184.47
29-2032.00 Sonographer-Diagnostic	16	13,769	\$1,755,495.98
		15,107	ψ1,133,793.90
Total this page	95	90970 75	¢ 0.000 740 50
		80879.75	\$ 9,896,740.59
Grand Total	95	80,879	\$9,896,740.59

Name of person who prepared this report: Melissa Mills

Mills Melissa Preparer's Signature:

Title: Senior Coordinator, Sales Support

Phone #: 877-853-1607

Date Prepared: 04/18/2025

Use additional pages if necessary)

#### FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>T-505880</u> Contract Term: <u>2/1/2022</u> to Contractor Name: AMN Healthcare, I Contractor Address: 2999 Olympus B Description of Services Being Provide		s, TX 75019	y Code: <u>28110</u>
Scope of Contract (Choose one that Analysis Evaluation Data Processing Engineering Architect Serv Health Services X Accounting Auditing	on Resea Computer Programm ices Survey	ring Environealth Services	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-2034.00 CT Tech/Rad Tech	31	22,407	\$2,924,537.94
29-1127.00 Speech/Language			
Pathologist	1	3,504	\$446,352.45
29-2099.00 EEG Technologist	5	4,836	\$528,596.12
29-2061.00 Licensed Practical			
Nurse	1	322	\$19,686.24
29-2035.00 MRI Tech	2	1,721	\$195,608.00
29-2011.03 Nuc Med Tech	5	4,927	\$527,991.05
29-1123.00 Occupational Therapist	4	4,132	\$371,947.50
29-1123.00 Physical Therapist	6	5,595	\$549,068.25
29-1124.00 Radiation Therapist	3	3,831	\$504,805.00
29-1141.00 Registered Nurse	6	4,072	\$514,467.59
29-1126.00 Registered Respiratory	4r	110000	
Therapist 29-2032.00 Sonographer-Diagnostic	15	11,760	\$1,558,184.47
29-2032.00 Sonographer-Diagnostic	16	13,769	\$1,755,495.98
Total this page	95	80879.75	\$ 9,896,740.59
Grand Total	95	80,879	\$9,896,740,59

Name of person who prepared this report: Melissa Mills

Melisso Mille Preparer's Signature:

Title: Senior Coordinator, Sales Support

Phone #: 877-853-1607

Date Prepared: 04/18/2025

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUI</u> Contract Number: T505888	NY Upstate Medical U	<u>Iniversity</u> Agency	Code: <u>28110</u>
Contract Term: 4-01-2024 to	1-29-2025		
Contractor Name: Health Carousel Tr			
Contractor Address: 4000 Smith Rd, S		OH 45200	
Description of Services Being Provide			<u> </u>
Description of Services Being Flovide			
Scope of Contract (Choose one that		_	_
Analysis Evaluati			Training 🗌 🔄
Data Processing	Computer Programmi		IT consulting $\Box$
Engineering Architect Serv			nmental Services
Health Services 🔀		alth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
			A (D 11
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
RN-Med/Surg (Tele)	149	185,552	\$28,448,916.13
RN-Critical Care (Adult and Peds)/			
Peds/Stepdown/PACU/Heart and	0.5		
Vascular	85	89,637	\$13,950,846.86
RN- Emergency Dept (Adult and		10.100	
Peds)	44	48,423	\$7,461,762.51
Surgical/Operating Room Tech	0	2 0 (1	<b>***</b>
(Adult or Pediatric)	8	3,961	\$308,120.25
Respiratory Therapist	6	4,284	\$451,895.41
RN- Operating Room	5	8,339	\$1,233,197.09
Radiologic Technologist-			
Diagnostic	3	2,835	\$260,209.90
Physical Therapist	3	1,266	\$135,360.72
Licensed Practical Nurse			
(LPN)	2	277	\$18,298.50
Radiologic Technologist-			
CT/MRI	1	1,531	\$249,528.51
RN- Psych	1	135	\$15,264.32
Occupational Therapist	1	95	\$10,103.94
RN- Ambulatory	1	794	\$70,567.30
Total this page	309	347,129	\$52,614,071.44

309

Name of person who prepared this report: Katie Kampmann

Preparer's Signature: Kathryu Kaupmanu

Title: Senior Contracts Administrator

Grand Total

Phone #: 513-872-1218

347,129

\$52,614,071.44

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: T-505890
Contract Term: <u>02/01/2022</u> to <u>01/31/2027</u>
Contractor Name: Infojini, Inc
Contractor Address: 10015 Old Columbia Road, Suite B215, Columbia, MD 21046
Description of Services Being Provided Temporary Clinical Staffing

Scope of Contract (Choose one that	host fits).		
		1 🗖	<b>m</b> · · · <b>D</b>
Analysis Evaluation		rch	Training
Data Processing	Computer Programm		IT consulting $\Box$
Engineering Architect Serv	vices 🗌 🛛 Survey	ying 🗌 🛛 Enviror	nmental Services 🗌
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Service Workers	2	210	\$8,991.76
Total this page	2	210	\$8,991.76
Grand Total	2	210	\$8,991.76

Name of person who prepared this report: Sandeep Harjani

Preparer's Signature: \_ loweley

Title: President

Phone #: 443-257-0086

Date Prepared: <u>04/17/2025</u>

Use additional pages if necessary)

AC 3272-S (Effective 4/12)

FORM B

Contractor's	Annual En	sultant Services n <b>ployment Rep</b> 4 to March 31, 202	ort
Contracting State Agency Name: S Contract Number: T506108 Contract Term: 03/01/2022 to 02 Contractor Name: Psychiatry Facult Contractor Address: 719 Harrison S Description of Services Being Provid	/28/2025 y Practice, Inc. treet, Syracuse,	Agency Business L Agency Departmen NY 13210	
Data Processing     Computer Pr     Engineering     Architect Services     Health Services     Mental Health	esearch		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	381.33	\$69,553.00
	0.00	0.00	\$0.00
0	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	381.33	\$69,553.00
Grand Total	3.00	381	\$69,553.00

Name of person who prepared this report: Terri Weston

Title: CFO

Teri West Preparer's Signature:

Date Prepared: 05/15/2025

(Use additional pages, if necessary)

Phone #: 315-464-3119

FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>T-506109</u> Contract Term: <u>7/1/22</u> to <u>6/20/2</u> Contractor Name: Wireless Business Contractor Address: 1620 Burnet Ave Description of Services Being Provide cellular needs. We review invoices each review their services, order all of their discrepancies, and provide end-user te wireless carriers and system integrator	25 Group, LLC enue, Syracuse, NY 13 d We provide compl ch month, conduct mo cellular equipment, w chnical support for the	206 ete oversight for all of S nthly meetings with the vork with the carriers to eir employees. We also	Telecom Manager to address billing work with the
	1		
Scope of Contract (Choose one that         Analysis       Evaluation         Data Processing       Evaluation         Engineering       Architect Services         Health Services       Auditing	on Resea Computer Programm ices Survey Mental He Paralegal	ingOther D vingEnviron ealth Services LegalO	Training Tronsulting mental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Telecommunications Engineering	Linployees	WOIKed	Under the Contract
Specialists (15-1241.01)	6	480	\$63,876
Total this page			
Grand Total	Ŋ		
Name of person who prepared this rep Preparer's Signature:	ort: Thomas Huege	<u> </u>	
Title:         Senior Partner         Phone #: 315-701-0855			

Date Prepared: <u>4/16/2025</u>

AC 3272-S (Effective 4/12)

#### FORM B

	State Consultant Services
Contractor's	Annual Employment Report

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

Contracting State Agency Name: SU	NY Upstate Med	dical University	······································
Contract Number: T-506121		Agency Business U	nit: SNY01
Contract Term: 5/16/2022 to 5/15/2026		Agency Department	
Contractor Name: First Choice Staffi	ng	0 9 9 9	
Contractor Address: 7525 Morgan R	oad, Liverpool, N	NY 13090	
Description of Services Being Provid	ed: Temporary	Clerical. Administrativ	e and Other Support
Personnel Services Contract		· · · · · · · · · · · · · · · · · · ·	
Scope of Contract (Choose one that b			
		ining	
Data Processing Computer Pr		] Other IT consulting	
Engineering Architect Services		g 🗌 Environmental	Services
Health Services Mental Health	Services		
Accounting Auditing Pa	ralegal 🗌 Leg	gal 🛛 🛛 Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
Medical Secretaries and Administrative Assistants	29.00	28,022.00	\$1,029,060.27
Orderlies	1.00	1,859.75	\$57,478.28
	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	30.00	29,881.75	\$1,086,538.55
Grand Total	52.00	29,881	\$1,086,538.55

Name of person who prepared this report: Karen Nabinger

Title: Supervisor

Preparer's Signature:

Date Prepared: 05/14/2025

Phone #: 315-453-5533

(Use additional pages, if necessary)

Page 1 of 1

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: <u>T - 5 0 6 2 0 2</u>
Contract Term: July 1,2022 to June 30, 2025
Contractor Name: University Surgical Associates, LLP
Contractor Address: 750 East Adams St, Syracuse, NY 13210 Description of Services Being Provided Scheduler
Description of Services Being Provided Scheduler

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv			mental Services
Health Services		ealth Services	
Accounting Auditing	Paralegal		Other Consulting
	с —		
Employment Catagory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
STAFFING		1,080	\$34,304
		, 	
Total this page		1,080	\$34,304
Grand Total		1,080	\$34,304

Name of person who prepared this report. Rebecca Reports Preparer's Signature:	ed	
Title: Administrative Coordinator	Phone #: _	315-464-9810
Date Prepared: 2 /12 / 25		

Use additional pages if necessary)

Page

of

### FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>T - 5 0 6 2 5 2</u>	
Contract Term: $7/1/22$ to $6/30/27$	
Contractor Name: <u>University Surgical Associates, LLP</u>	
Contractor Address: 750 East Adams St, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction	
<b></b>	
Scope of Contract (Choose one that best fits):	
Analysis Evaluation Research	Training 🗌
Data Processing Computer Programming	Other IT consulting

Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	rices Survey	ving Environ	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
	,		1
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
1249.00		520	\$83,810
Total this page		520	\$83,810
Grand Total		520	\$83,810

Name of person who prepared this report: Rebecca Reed

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

Title: <u>Administrative</u> Coordinator

Phone #: 315-464-9810

Date Prepared: 2/13/25

Use additional pages if necessary)

Page of

### FORM B

FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

### Report Period: April 1, 2026 ) March 31, 2026

Contracting State Agency Name : SUNY Upstate Medical U	niversity	Agency Code: 28110
Contract Number: T-506297		
Contract Term: <u>10/01/2022</u> to <u>9/30/2027</u>		
Contractor Name: University Pathologists Laboratories, LL	Р	
Contractor Address: 750 East Adams Street, Syracuse, NY	13210	
Description of Services Being Provided Staff Services		

Scope of Contract (Choose one that Analysis D Evaluati Data Processing D Engineering Architect Serv Health Services A Accounting Auditing D	on Resea Computer Programm fices Survey Mental He	ving Enviro: ealth Services E	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Reimbursement for cost of technical and medical support employees			
	6.6	10-11-	1.200
29-2011.00 and 43-6013.00	, 5 5	1200/41	\$75K
Total this page	.55	120041	\$75K
Grand Total	. 58	1200/41	\$75K

Name of person who prepared this report: Michel Nasr, MD

Preparer's Signature:

Title: President

Phone #: <u>315-657-4692</u>

Date Prepared: 04/21/2025

Use additional pages if necessary)

#### FORM B

# New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: SU	INY Upstate Me	dical University				
Contract Number: T-506678 Agency Business Unit: 28110						
Contract Term: 07/01/2023 to 09/30/2024 Agency Department ID: 3320211						
Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)						
Contractor Address: 1173 Ignition Dri	ive, South Bend,	IN 46601				
Description of Services Being Provide	ed: Nursing Exc	ellence				
			·			
Scope of Contract (Choose one that b	·					
		ning Other IT consulting				
Data Processing Computer Pro			Cardiana			
Engineering Architect Services	_ , ,	Environmental	Services			
Health Services	services ralegal 🗌 Leg	al 🛛 🖂 Other Consult	ting			
Number of         Number of         Amount Payable           Employment Category         Employees         Hours Worked         Under the Contract						
43-4051.00 (Cust Serv Rep	4.00	30.00	\$21,025.00			
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$115.00			
41-3099.99 (Sales Rep)	1.00	15.00	\$15,725.00			
19-3099.99 (Social Science and Related Worker	4.00	12.00	\$7,235.00			
Please note that we do not operate our business in this manner where hours are specifically allocated per person on and account basis. The information is the best available.	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	13.00	67.00	\$44,100.00			
Grand Total			\$44,100.00			

Name of person who prepared this report: Devin J. Anderson

Title: General Counsel and Coporate Secretary

Phone #: 800-232-8032

Date Prepared: 05/05/2025

Preparer's Signature:

AC 3272-S (Effective 4/12)

#### FORM B

F - 14 - -

# New York State Consultant Services Contractor's Annual Employment Report

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

the second se			
Contracting State Agency Name: SU	INY Upstate Me	dical University	
Contract Number: T-506756		Agency Business Ur	nit: 28110
Contract Term: 09/01/2023 to 08/3	31/2024	Agency Department	ID: 3320211
Contractor Name: Press Ganey Asso	ciates LLC (d/b/	a Press Ganey Assoc	ciates, Inc.)
Contractor Address: 1173 Ignition Dri	ive, South Bend	, IN 46601	
Description of Services Being Provide	ed: IRound Serv	/ices	
Scope of Contract (Choose one that b	est fits):		
Analysis Evaluation Res	search 🗌 Tra	ining	
Data Processing Computer Pro	ogramming 🗌	Other IT consulting	
Engineering Architect Services	s 🗌 Surveying	Environmental	Services
Health Services Mental Health	Services		
Accounting Auditing Pa	ralegal 🗌 Leg	gal 🛛 🖾 Other Consul	ting
	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
43-4051.00 (Customer Serv Rep)	4.00	40.00	\$36,600.00
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$115.00
41-3099.99 (Sales Rep)	1.00	30.00	\$30,000.00
19-3099.99 (Social Science and	4.00	15.00	\$7,785.00
Related Worker Please note that we do not operate our			• • • • • •
business in this manner wehre hours			
are specifically allocated per person on	0.00	0.00	\$0.00

0.00

0.00

0.00

0.00

0.00

0.00

13.00

Name of person who prepared this report: Devin J. Anderson

Phone #: 800-232-8032

0.00

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95.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00 \$74,500.00

\$74,500.00

Title: General Counsel and Copporate Secretary

Preparer's Signature: Date Prepared: 05/05/2025

an account basis. The inforamtion is

Total this Page Grand Total

the best available.

	Contract	state Consultant Se or's Annual Emplo veriod: April 1, 2024 to I	yment Report	
	Keport I	eriou. April 1, <u>2024</u> to 1	Harch 51, 2025	
Contracting State A	gency Name: SUN	VY Upstate Medical Univ	ersity Agency (	Code: <u>28110</u>
<b>Contract Number:</b>	T-50	06854		
Contract Term: 1/	/15/24 to	1/14/25		
Contractor Name:	Soliant Health LL	C		
		-		
Contractor Address	: 5550 Peachtree Pa	rkway, Suite 500, Peacht	ree Corners GA 30092	
<b>Description of Servi</b>	ces Being Provided	Temporary Staffing		
Scope of Contract (C	Choose one that best H	its)		
	Evaluation		T-si-ing (	7
Analysis			Training	
Data Processing	Computer Programmi		. –	
Engineering	Architect Services		Environme	ntal Services
Health Services 🛛	Mental Health Service	es 🗋		1
Accounting	Auditing	Paralegal	Legal	Other Consulting
Employm	ent Category	Number of	Number of	Amount Payable
		Employees	Hours Worked	Under the Contract
La	b Tech	4	2023.5	\$ 125523
				\$
				\$ \$
				S
				\$
				\$
				\$
				S
				\$
				\$ \$
				\$ \$
				\$
				ŝ
	This Page	4	2023.5	\$ 125523
Grand Total		4	2023.5	\$ 125523

Name of person who prepared this report: Casey Bradford

Preparer's Signature:

boadferro aberz

Title: Compliance Specialist

Date Prepared: 4/17/2025

Phone #: 813-776-0384

OSC Use Only: Reporting Code:

Category Code:

Contractor	ite Consultant Se 's Annual Emplo iod: April 1, <u>2024</u> to 1	yment Report	
Contracting State Agency Name: <u>SUNY</u>	Upstate Medical Univ	ersity Agency (	Code: <u>28110</u>
Contract Number: T-5068	354		
<b>Contract Term:</b> 1/15/24 to	/14/25		
Contractor Name: Soliant Health LLC			
Contractor Address: 5550 Peachtree Park	way, Suite 500, Peachtr	ree Corners GA 30092	
Description of Services Being Provided	Femporary Staffing		
Scope of Contract (Choose one that best Fits	))		
Analysis 🗌 Evaluation 🗌	Research	Training	]
Data Processing Computer Programming	Other IT Cons	sulting	
Engineering Architect Services	Surveying	Environmen	tal Services
Health Services Mental Health Services			
	aralegal 🔲	Legal 🗌	Other Consulting
Employment Category	Number of	Number of	Amount Payable
	Employees	Hours Worked	Under the Contract
Lab Tech	4	2023.5	\$ 125523
			<u>\$</u> \$
			<u>\$</u> \$
			\$
			\$
			\$
			\$
			<u>\$</u> \$
			\$
			\$
			\$
			\$ \$
			N. Contraction of the second se
Total This Page	4	2023.5	\$ 125523

Name of person who prepared this report: Casey Bradford Preparer's Signature:

madfield en

Title: Compliance Specialist

Date Prepared: 4/17/2025

Phone #: 813-776-0384

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

## Report Period: April 18, 2024 to March 31, 2025

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: T506947	
Contract Term: <u>April 18, 2024</u> to <u>April 17, 2026</u>	
Contractor Name: NuVasive Clinical Services Monitoring, Inc.	
Contractor Address: 10275 Little Patuxent Pkwy., #300, Columbia, MI	D 21044
Description of Services Being Provided intraoperative neuromonitoring	gservices

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	ion Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv			mental Services
Health Services 🔀	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-2011 Medical and Clinical	_	_	
Laboratory Technologists	2	5	\$1,389.00
Total this page	2	5	\$1,389.00
Grand Total	2	5	\$1,389.00

Name of person who prepared this report:

Preparer's Signature:

Title: Vice President

Phone #: 410-740-2370

Date Prepared: <u>5/09/2025</u>

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

## Report Period: April 18, 2024 to March 31, 2025

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: T506947	
Contract Term: <u>April 18, 2024</u> to <u>April 17, 2026</u>	
Contractor Name: NuVasive Clinical Services Monitoring, Inc.	
Contractor Address: 10275 Little Patuxent Pkwy., #300, Columbia, MI	D 21044
Description of Services Being Provided intraoperative neuromonitoring	gservices

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	ion Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv			mental Services
Health Services 🔀	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-2011 Medical and Clinical	_	_	
Laboratory Technologists	2	5	\$1,389.00
Total this page	2	5	\$1,389.00
Grand Total	2	5	\$1,389.00

Name of person who prepared this report:

Preparer's Signature:

Title: Vice President

Phone #: 410-740-2370

Date Prepared: <u>5/09/2025</u>

Use additional pages if necessary)

Exhibit Y
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#### FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

#### Report Period: April 1, 24 to March 31, 25

Description of Services Being Provided Pharmacy accreditation assistance services\_

Scope of Contract (Choose one that Analysis Evaluation Data Processing Engineering Architect Services Health Services Accounting Auditing	Computer Programmi ices Survey	ing 🗌 🛛 Other	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1051.00	2	40	\$4,000.00
		· · · · · · · · · · · · · · · · · · ·	
Total this page		40	4000
Grand Total		40	4000

Name of person who prepared this report: Rob Jeffrey

Preparer's Signature:

Title: Operations Manager

Phone #: 646 709 8499

Date Prepared: 04/15/2025

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contractor Name: Jeffrey A. Sachs Associates, Inc.

Contractor Address: 60 East 42nd Street Suite 1762 New York, NY 10165

Description of Services Being Provided Health Equity Impact Assessment (HEIA)

best fits):		
		Training 🛄
Computer Programm	ing 🗌 Other	IT consulting
vices 🗌 🛛 Survey	ying 🔲 🛛 Enviro	nmental Services
	ealth Services 🗌	
Paralegal	Legal 🗌	Other Consulting 🗌
Number of	Number of Hours	Amount Payable
Employees	Worked	Under the Contract
2	16	\$4,000
2	16	100% (\$4,000)
2	16	100% (\$4,000)
	on x Resea Computer Programm ices Survey Mental Ho Paralegal C Number of Employees 2	on x Research x   Computer Programming Other   ices Surveying   Paralegal Legal   Paralegal Legal     Number of Number of Hours   Employees Worked   2 16     2 16

Name of person who prepared this report: Jaclyn Pierce

Preparer's Signature: July	Pierre
Title: Director	Phone #: 212-827-0660
Date Prepared: <u>4 /22 / 25</u>	
<b>T</b> T 1411 <b>1</b> 10	

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY</u> Contract Number: <u>T507227</u>			
	June 30, 2025		
Contractor Name. Zhang Consulting, LL	.C		
C to the Address 722 Prophysy F S	eattle WA 98102	the second s	
D : .: CC Daing Provided	Recearch and cons	anning on statistical and	deep learning
models of genomic, transcriptomic, epige	nomic, and phenot	ypic integration to unde	erstand the basis of
Alzheimer's Disease			
	- 11		
Scope of Contract (Choose one that be	st fits):	n a star dama a tama a	
Analysis Evaluation	Resea	rch 🖂	Training 🗌
	mputer Programm		IT consulting
Engineering Architect Service		ing Enviror	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal		Other Consulting
		<i>b</i>	
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
Data Scientist	1	648	\$77,760.00
	- Alexandra and a second s		
	and an and a second		
	III. TEN		
	1		
		E des lines line internin de l'in St. Anti-a de la companya	
Total this page		648	\$77,760.00
Grand Total		648	\$77,760.00

Name of person who prepared this report: Ada Zhang Preparer's Signature: Definition of the prepared the prepared by the prepa

Date Prepared: 05/13/2025

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, 2024 to March 31, 2025

· · · ·			-	
Contracting Sta	ate Agency Name: Up	state Medical Ur	iversity	en de la composition Secondo de la composition
Contract Number: T550281 Agency Business Unit: N/A				nit: N/A
Contract Term:	1/14/2020 to 1/30	/2025	Agency Department	ID: N/A
Contractor Nar	ne: HOLT Architects,	PC		
Contractor Add	Iress: 619 W State St	reet Ithaca NY 1	4850	
Description of	Services Being Provic	led: Hyperbaric l	Expansion	
Scope of Contr	act (Choose one that I	hast fite):		
-			ining	
Data Process			Other IT consulting	
	Architect Service		•	Services
Health Service	1100200			
		aralegal 🗌 Leç	al 🗌 Other Consul	ting
Number ofNumber ofAmount PayableEmployment CategoryEmployeesHours WorkedUnder the Contract				
17-3011.00		1.00	3.00	\$360.09
11-9041.00		1.00	15.00	\$5,160.10
17-2051.00		6.00	290.00	\$32,097.10
17-2071.00	7A	5.00	548.00	\$76,034.29
17-2141.00		10.00	1,549.25	\$195,000.25
17-3023.00		1.00	14.00	\$1,495.36
			the second se	
Tota	al this Page	24.00	2,419.25	\$310,147.19

Name of person who prepared this report: Allison L Short

Title: Business Manager

Preparer's Signature:

Date Prepared: 5/12/2025

Phone #: 607-273-7600 Ext.155

(Use additional pages, if necessary)

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FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: T550294
Contract Term: <u>01/15/2021</u> to <u>06/24/2025</u>
Contractor Name: Dwyer Architectural, LLC
Contractor Address: 110 West Fayette St., Suite 225, Syracuse, NY 13202
Description of Services Being Provided 151067/1112.2 UUH IR Suite Renovations (19-101)

Scope of Contract (Choose one that	best fits):			
Analysis Evaluation Research Training				
Data Processing	Computer Programm	ing 🗍 Other	IT consulting	
Engineering Architect Serv			nmental Services	
Health Services	— ·	alth Services		
Accounting Auditing	Paralegal		Other Consulting	
			е <b>—</b>	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
17-1011.00 Architects, Except				
Landscape and Naval (Partner)	0	0	0	
17-1011.00 Architects, Except		_		
Landscape and Naval (PM)	1	1	\$118.82	
17-1011.00 Architects, Except		<b>A A A A</b>		
Landscape and Navai (PA)	<u> </u>	33.50	\$3,397.91	
17-3011.01 Architectural Drafters	0	0		
(Senior Designer)	0	0	0	
43-6014.00 Secretaries & Admin				
Assistants, Except Lega, Medical	1	00.50	<b>0</b> C 010 10	
and Executive (Dwyer)	1	90.50	\$6,819.18	
Total this page			· · · · · · · · · · · · · · · · · · ·	
Grand Total	3	125	\$10,335.91	

Name of person who prepared this reports Kristen Zdrojewski

Preparer's Signature:_	A	\$P
	7	~

Phone #: <u>315.473.1800</u>

Title: <u>Operations Manager</u> Date Prepared: <u>04/09/2025</u>

Use additional pages if necessary)

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FORM B

**OSC Use Only:** Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Media	cal University Agency Code: 28110
Contract Number: T550294	_
Contract Term: <u>01/15/2021</u> to <u>06/24/2025</u>	_
Contractor Name: IBC Engineering, P.C	/
Contractor Address: 3445 Winton Place Suite 219	
Description of Services Being Provided 151067/1112.	2 UUH IR Suite Renovations (19-101)
	· · · · · · · · · · · · · · · · · · ·

Scope of Contract (Choose one that best fits):			
Analysis 🗌 Evaluati	on 🗌 🔹 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering 🛛 Architect Serv	ices 🔲 🛛 Survey	/ing 🗌 Enviro	nmental Services
Health Services	Mental He	alth Services 🗌	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Mechanical Engineer	2	780	\$102,400.00
Electrical Engineer	1	340	\$45,524.00
General Operations Manager	1	160	\$20,800.00
Chief Executive	1	70	\$12,600.00
Mechanical Drafter	2	190	\$17,100.00
Electrical Drafter	1	120	\$10,800.00
•			
Total this page			
Grand Total	8	1,660	\$209,224.00

Name of person who prepared this report: Andrew J. Jarosz

Preparer's Signature:

Title: Associate

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Phone #: <u>585-233-6834</u>

Date Prepared: 05/07/2025

Use additional pages if necessary)

#### FORM B

# New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name:       SUNY Upstate Medical         Contract Number:       T550294       Agency Business Unit:       28110         Contract Term:       01/15/2021       to       06/24/2024       Agency Department ID:       28110         Contractor Name:       Ravi Engineering         Contractor Address:       2110 S Clinton Ave, Suite 1, Rochester, NY       14618         Description of Services Being Provided:       151067/1112.2 UUH Suite Renovations (19-101)					
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       Other Consulting         Accounting       Auditing       Paralegal       Legal					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
17-2051 Civil Engineer	2.00	58.00	\$2,960.00		
17-3025 Environmental Engineering Tech	1.00	13.00	\$520.00		
	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 3.00 71.00 \$3,480.00					
Grand Total	3.00	71	\$3,480.00		

Name of person who prepared this report: Brenda James

presda

Title: Accounting

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Preparer's Signature:

Phone #: 585-223-3660

Date Prepared: 04/17/2025

(Use additional pages, if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Me	dical University Agency Code: 28110		
Contract Number: T550294			
Contract Term: 01/15/2021 to 06/24/2025			
Contractor Name: R.L. Young dba Trophy Point			
Contractor Address: 4588 South Park Avenue, Blasc	ell NY 14219		
Description of Services Being Provided 151067/1112.2 UUH IR Suite Renovations (19-101)			

	1 ( ( ( )		
Scope of Contract (Choose one that		_	_
Analysis Evaluati	on 🗌 🦳 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv	vices Survey		mental Services
Health Services		ealth Services	
Accounting Auditing			Other Consulting M
	ratalegai		Other Consulting 🛛
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
No Hours to Report			
	·		
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Total this page			
Grand Total			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature:\_\_\_

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: 04/08/2025

Use additional pages if necessary)

FORM B

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**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY U	Jpstate Medical U	Jniversity Agency	Code: 28110
Contract Number: T550301			
Contract Term: <u>12/18/2020</u> to <u>09</u>			
Contractor Name: Dwyer Architectural, L			
Contractor Address: 110 West Fayette St.,			
Description of Services Being Provided 1	247 UCH 3 E He	modialysis Unit (20-03	2)
Scope of Contract (Choose one that best	fits):		
Analysis Evaluation	_ ′	rch	Training 🗌
• — –	nputer Programm		IT consulting
Engineering Architect Services			mental Services
Health Services		ealth Services	
Accounting Auditing			Other Consulting
<b></b>	<b>.</b>	<i>. . .</i>	0
Employment Cotocomy	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
17-3011.01 Architectural Drafters			
(Senior Designer)	1	24.00	\$1,760.40
43-6014.00 Secretaries &			
AdminAssistants, Except Legal,			
Medical and Executive (Dwyer)	1	16.50	\$956.34
- 1943			
	· · · ·		
Total this page	2	40.50	\$2,716.74
Grand Total	4		

Name of person who prepared this report: Kristen Zdrojewski

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

Title: Operations Manager

Phone #: <u>315.473.1800</u>

Date Prepared: 04/08/2025

Use additional pages if necessary)

Exhibit Y	OSC Use Only:
	Reporting Code:
FORM B	Category Code:

## State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: T550301	
Contract Term: <u>12/18/2020</u> to <u>03/31/2025</u>	
Contractor Name: IBC Enginnering, P.C	
Contractor Address: 3445 Winton Place Suite 219 Rochester, NY 1462	.3
Description of Services Being Provided 1247 UCH 3 E Hemodialysis	Unit (20-032)
	· · · · · · · · · · · · · · · · · · ·

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 Evaluati	on 🗌 🛛 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 🛛 Other	IT consulting
Engineering 🛛 🛛 Architect Serv	ices 🗌 🛛 Survey	ving 🗌 🛛 Enviro	nmental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
		·····	
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Mechanical Engineer	2	220	\$28,600.00
Electrical Engineer	1	130	\$16,900.00
General Operations Manager	1	80	\$10,400.00
Chief Executive	1	85	\$3,854.00
Mechanical Drafter	2	110	\$9,700.00
Electrical Drafter	1	85	\$7,650.00
		·······	
Total this page			
Grand Total	8	646	\$77,104.00

Name of person who prepared this report: Andrew J. Jarosz

\_\_\_\_\_

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

Title: Associate

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Phone #: <u>585-233-6834</u>

Date Prepared: 05/07/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>T550301</u>	NY Upstate Medical U	Iniversity Agency	Code: <u>28110</u>
Contract Term: <u>12/18/2020</u> to	09/30/2024		
Contractor Name: R.L. Young dba Tr			
Contractor Address: 4588 South Park	Avenue, Blasdell NY	14219	
Description of Services Being Provide	d 1247 UCH 3 E He	modialysis Unit (20-032	2)
		· · · · ·	·
Scope of Contract (Choose one that			
Analysis 🗌 👘 🔄 Evaluatio			Training 🗌 🔄
	Computer Programm		T consulting
Engineering Architect Serv			mental Services 🗌
Health Services		alth Services	_
Accounting Auditing	Paralegal 🗌	Legal 🗌 🤇 🤇	Other Consulting
	Number of		A (D 11
Employment Category		Number of Hours Worked	Amount Payable Under the Contract
No Hours to Report	Employees	worked	Under the Contract
		· · · · · · · · · · · · · · · · · · ·	
			· · · ·
Total this page			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature:

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Title: Director of Finance Phone #: 716-823-0006

Date Prepared: <u>4/08/2024</u>

Use additional pages if necessary)

Grand Total

FORM B

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OSC Use Only: Reporting Code: Category Code:

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

Contracting State Agency Name: SL	INY Upstate Medical University	Agency Code: 28110
Contract Number: T550301		
Contract Term: 12/18/2020 to 03/31/	/2024	
Contractor Name: Watts Architecture	& Engineering	
Contractor Address: 95 Perry Street,	Suite 300, Buffalo, NY 14203	
Description of Services Being Provide	ed: 1247 UCH 3 E Hemodialysis /	20-032

Compared Compared (Observe)	AL		
Scope of Contract (Choose one	-		
Analysis Evaluation Resea	j		
Data Processing Computer Pr			
Engineering Architect Ser	vices Surveying Environ	mental Services	
Health Services Mental Health	Services		
Accounting Auditing Parale	egal Legal Other Consulting		
¥		form to ensure that the formulas calculate con	rectiv.
	[		Amount Payable Under the
Employment Category	Number of Employees	Number of Hours Worked	Contract
No Work Performed			#DIV/0!
			#DIV/0!
			#DIV/0!
			#DIV/0!
			0
<u> </u>			0
	·····		
	· · · · · · · · · · · · · · · · · · ·		
Total this page	0	0.00	#DIV/0!
Grand Total	0		
Grand rotal	U U	0.00	#DIV/0!

Name of person who prepared this report:	Linda Butcher		
Preparer's Signature: But but Title: Sr. Project Accountant	CeC Phone #:	(716) 206-5128	
4/8/2025		() = • • • = •	
Use additional pages if necessary)			Page 1 of 1

Exhibit Y	OSC Use Only:
	Reporting Code:
FORM B	Category Code:

### State Consultant Services

#### **Contractor's Annual Employment Report**

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

 Contracting State Agency Name :
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 T-550308 (AOA #5)
 Contract Term: 02/10/2021
 to 02/09/2024

 Contractor Name:
 Ravi Engineering & Land Surveying, P.C.\_\_\_\_\_
 Contractor Address: 2110 South Clinton Avenue, Suite 1 | Rochester, New York 14618\_\_\_\_\_\_

 Description of Services Being Provided
 23-079 1155 UUH 3W Floor Refresh\_\_\_\_\_\_

Scope of Contract (Choose one that	hest fits).	· · · · · · · · · · · · · · · · · · ·	
Analysis Evaluat		rch 🗍	Training
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services
Health Services		alth Services	
Accounting Auditing			Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
17-3025 Environmental Eng. Tech	4	73.5	2034.00
17-2081 Environmental Engineer	1	28	1554.00
43-9199 Office & Admin support	1	1	28.50
······			
······			
		· · · · · · · · · · · · · · · · · · ·	
	-		
Total this page			
Grand Total	6	102.50	3616.50

Name of person who prepared this report:	Alison Pandina
Preparer's Signature: Alison	

Title: Accounting Assistant

Phone #: 585-764-3070

Date Prepared: 04/17/2025

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Use additional pages if necessary)

Page 1 of 1

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: 28110
Contract Number: T-550308 (AOA #5)
Contract Term: <u>02/10/2021</u> to
Contractor Name: Dwyer Architectural, LLC
Contractor Address: 110 West Fayette St., Suite 225, Syracuse, NY 13202
Description of Services Being Provided 151194/1162 UMU 5E CCC Replace OR 7 -
Davinci Robotics (23-037)

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 🛛 Resea	rch	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv			mental Services
Health Services		alth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
			÷ —
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
17-1011.00 Architects, Except			
Landscape and Naval (Partner)	0	0	0
17-1011.00 Architects, Except			
Landscape and Naval (PA)	1	87.25	\$8,960.58
17-3011.01 Architectural			
Drafters	3	27.50	\$1,635.15
43-6014.00 Secretaries & Admin			
Assistants, Except Legal,			
Medical and Executive	1	12.50	\$912.13
Senior Drafter	1	2.5	\$182.43
PM/Associate	1	4.25	\$482.42
Total this page			\$12,172.71
Grand Total			\$12,172.71

Name of person who prepared this report: Kristen Zdrojewski

Preparer's Signature:

Title: Operations Manager

Phone #: <u>315.473.1800</u>

Date Prepared: 04/15/2024

Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical UniversityAgency Code: 28110Contract Number:T-550308 (AOA #5)

Contract Term: <u>02/10/2021</u> to <u>02/09/2025</u>

Contractor Name: IBC Engineering, P.C.\_

Contractor Address: 3445 Winton Place Suite 219 Rochester, NY 14623\_\_\_\_\_\_ Description of Services Being Provided 151194/1162 UMU 5E CCC Replace OR 7 -Davinci Robotics (23-037)\_\_\_\_\_

Scope of Contract (Choose one that			
Analysis Evaluati	on 🗌 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting 🗌
			nmental Services
Health Services	Mental He	ealth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Mechanical Engineer	2	360	\$50,100.00
Electrical Engineer	1	186	\$28,300.00
General Operations Manager	1	45	\$7,200.00
Chief Executive	1	16	\$3,300.00
Mechanical Drafter	2	120	\$10,078.00
Electrical Drafter	1	90	\$8,100.00
Total this page			
Grand Total	8	817	\$107,078.00

Name of person who prepared this report: Andrew J. Jarosz

Preparer's Signature:

Title: Associate

Phone #: 585-233-6834

Date Prepared: 05/07/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: T-550308 (AOA #5)	
Contract Term: 02/10/2021to	
Contractor Name: : John P. Stopen Engineering, LLP	
Contractor Address: 450 S. Salina St., Rm 400 Syracuse NY 13201-0029_	
Description of Services Being Provided 151194/1162 UMU 5E CCC Rep	blace OR 7 -
Davinci Robotics (23-037)	

Scope of Contract (Choose one that Analysis Evaluati Data Processing Engineering Architect Scry Health Services	on Resea Computer Programm ices Survey Mental He	ing  Other Ving  Enviro Calth Services	Training IT consulting nmental Services
Accounting Auditing	Paralegal		Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-1011.00 Structural Eng. Partner	1	29	\$4,308.82
17-3019.00 Drafter	1	25	\$2,450.08
17-2199.00 Structural Engineer	2	36	\$3,983.40
Total this page	4	90	\$10,742.30
Grand Total	4	90	\$10,742.30

Name of person who prepared this report: Andrea H. Galster

dia H. Galsk Preparer's Signature:\_ 1m

Title: Accounting

Phone #: 315-472-52381

Date Prepared: 04/09/2025

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, 2024 to March 31, 2025			
Contracting State Agency Name:SUNY Upstate MedicalContract Number: T-550308Agency Business Unit: 28110Contract Term:02/10/2021to02/9/2024Contractor Name: Ravi EngineeringContractor Address: 2110 S Clinton Ave, Suite 1, Rochester, NY 14618Description of Services Being Provided:151194/1162 UMU 5E CCC Replace OR 7 - Davinci Robotics (23-037)			
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       Other Consulting         Accounting       Auditing       Paralegal       Legal			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Employment Category 17-2081 Environmental Engineer			
	Employees	Hours Worked	Under the Contract
17-2081 Environmental Engineer	Employees 1.00	Hours Worked 34.00	Under the Contract \$1,887.00
17-2081 Environmental Engineer	Employees 1.00 2.00	Hours Worked 34.00 19.50	Under the Contract \$1,887.00 \$624.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00	Hours Worked 34.00 19.50 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00 \$0.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
17-2081 Environmental Engineer 17-3025 Environ. Engineering Tech	Employees 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 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	Under the Contract \$1,887.00 \$624.00 \$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
17-2081 Environmental Engineer	Employees 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 34.00 19.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$1,887.00 \$624.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: Brenda James

prenda

Title: Accounting

Phone #: 585-223-3660

Preparer's Signature: \_

Date Prepared: 04/17/2025

(Use additional pages, if necessary)

Page 1 of 1

FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: 28110
Contract Number: <u>T-550308 (AOA #5)</u>	
Contract Term: <u>02/10/2021</u> to	
Contractor Name: R.L. Young dba Trophy Point	
Contractor Address: 4588 South Park Avenue, Blasdell NY 14219	
Description of Services Being Provided 151194/1162 UMU 5E CCC Re	eplace OR 7 -
Davinci Robotics (23-037)	

Scope of Contract (Choose one that best fits):							
Analysis Evaluati	on 🗌 👘 Resea	rch 🗌	Training				
Data Processing							
Engineering Architect Serv							
Health Services							
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting 🔀				
Employment Cotecom	Number of	Number of Hours	Amount Payable				
Employment Category	Employees	Worked	Under the Contract				
13-1051.00	7	44	\$4,449.64				
Total this page							
Grand Total							

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature:

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: <u>4/8/2025</u>

Use additional pages if necessary)

AC.	3272-5	(Effective	4/12)

#### FORM B

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

and the second								
Contracting State Agency Name: Up	state Medical Ur	niversity						
Contract Number: T550334								
Contract Term: 06/27/2022 to 4/30/2024 Agency Department ID: 28110								
Contractor Name: HOLT Architects, PC Contractor Address: 619 W State Street Ithaca NY 14850								
(a) provide and a second se								
			terre and a second s					
Scope of Contract (Choose one that b	•	an belo Dibe	and the second second second second					
Analysis Evaluation Research Training								
Data Processing Computer Pr	• •	Other IT consulting						
Engineering Architect Services		g Environmental	Services					
Health Services Mental Health			in the same of the second s					
Accounting Auditing Pa	ralegal 🗌 Leg	gal 🔲 Other Consul	ung					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract					
17-3011.00	1.00	37.00	\$4,446.52					
11-9041.00	1.00	10.50	\$1,470.00					
17-2141.00	1.00	8.75	\$1,225.00					
17-2071.00	1.00	12.75	\$1,989.00					
43-9199.00	1.00	9.00	\$855.00					
17-3013.00	1.00	3.00	\$420.00					
the day factor of the second			a eque ingent					
Total this Page	6.00	81.00	\$10,405.52					
Grand Total	6.00	81	\$10,405.52					

10

Name of person who prepared this report: Allison L. Short

Mism0

Title: Business Manager Preparer's Signature: Date Prepared: 5//12/2025 Phone #: 607-273-7600 Ext 155

(Use additional pages, if necessary)

Contractor	- Contraction of the second	Iltant Services ployment Repo to March 31, 2029	
Contracting State Agency Name:	Upstate Medical Un		with we state
Contract Number: T550344		Agency Business Ur	
Contract Term: 11/08/2022 to	/ /	Agency Department	ID: 28110
Contractor Name: HOLT Architec	,		
Contractor Address: 619 W State			
Description of Services Being Pro	ovided: 6W Endovas	scular	
			the state and state
Engineering Architect Serv	Research	Other IT consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-3011.00	1.00	23.00	\$2,760.69
			1912 (a
			the state of the second
Total this Page	1.00	23.00	\$2,760.69
Grand Total	1.00	23	\$2,760.69

Name of person who prepared this report: Allison L. Short Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature:

Date Prepared: 5//12/2025

(Use additional pages, if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name :
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 T-550348
 Contract Term: 12/02/2022
 to 07/31/2024

 Contractor Name:
 Dwyer Architectural, LLC
 Contractor Address: 110 West Fayette St., Suite 225. Syracuse, NY 13202

 Description of Services Being Provided
 151153/1151 UMU ED X-Ray Replacement (22-051)

Scope of Contract (Choose one that	hest fits):			
Analysis Evaluation Research Training				
Data Processing	Computer Programm		IT consulting	
Engineering Architect Serv			nmental Services	
Health Services		alth Services		
Accounting Auditing	Paralegal		Other Consulting	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
17-1011.00 Architects, Except				
Landscape and Naval (Partner)	0	0	\$0.00	
17-1011.00 Architects, Except				
Landscape and Naval (PA)	1	3	\$\$308.10	
17-3011.01 Architectural Drafters	1	1	\$72.97	
43-06014.00 Secretaries &		4		
Admin Assistants, Except Legal,				
Medical and Executive)	1	7.25	\$529.03	
·				
Total this page	3	11.25	\$910.10	
Grand Total				

Name of person who prepared this report: Kristen Zdrojewski

sta s

Preparer's Signature:

Phone #: <u>315.473.1800</u>

Title: <u>Operations Manager</u> Date Prepared: 04/08/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services

**Contractor's Annual Employment Report** 

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: T-550348
Contract Term: <u>12/02/2022</u> to <u>11/10/2025</u>
Contractor Name: IBC Engineering, P.C
Contractor Address: 3445 Winton Place Suite 219 Rochester, NY 14623
Description of Services Being Provided 151153/1151 UMU ED X-Ray Replacement (22-051)

Scope of Contract (Choose one that	best fits):				
Analysis 🗌 🛛 Evaluati		rch 🗌	Training 🔲		
Data Processing	Computer Programm	ing 🗌 🛛 Other	· IT consulting 🔲		
Engineering 🛛 🛛 Architect Serv	vices 🗍 👘 Survey	ing 🗌 🛛 Enviro	nmental Services 🗌		
Health Services	Mental He	alth Services 🔲			
Accounting Auditing	Paralegal 🗌	Legal 🔲	Other Consulting		
	Number of	Number of Hours	Amount Payable		
Employment Category	Employees	Worked	Under the Contract		
Mechanical Engineer	2	120	\$15,600.00		
Electrical Engineer	1	70	\$9,100.00		
General Operations Manager	1	16	\$2,080.00		
Chief Executive	1	4	\$720.00		
Mechanical Drafter	2	40	\$3,200.00		
Electrical Drafter	1	34	\$3,165.00		
		·····			
Total this page					
Grand Total	8	284	\$33,865.00		

Name of person who prepared this report: Andrew J. Jarosz

Preparer's Signature:

í

Title: Associate

Phone #: 585-233-6834

Date Prepared: 05/07/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: 28110
Contract Number: T-550348	3° 'y
Contract Term: 12/02/2022 to 07/31/2024	
Contractor Name: John P. Stopen Engineering, LLP	
Contractor Address: 450 S. Salina St., Rm 400 Syracuse NY 13201-0029	
Description of Services Being Provided 151153/1151 UMU ED X-Ray R	Replacement (22-051)

Scope of Contract (Choose one that	hest fits).	······································	
Analysis 🗌 🛛 Evaluati	ion 🗌 Resea	rch 🛄	Training 🛄
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv		ving 🗌 🛛 Enviror	nmental Services 🔲
Health Services		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
No Services Provided			
		······	
		<b></b>	
·		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
TT			
Total this page			
Grand Total			

Name of person who prepared this report: Andrea H. Galster	
Name of person who prepared this report: <u>Andrea H. Galster</u> Preparer's Signature: <u>Andrea</u> H. Galster	
	,

Title: Accounting

ł

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Phone #: 315-472-5238

Date Prepared: 04/08/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

 Contracting State Agency Name
 SUNY Upstate Medical University
 Agency Code: 28110

 Contract Number:
 <u>T-550348</u>
 Contract Term: 12/02/2022
 to

 Contractor Name:
 Ravi Engineering & Land Surveying, P.C.
 Contractor Address: 2110 South Clinton Avenue, Suite 1 | Rochester, New York 14618
 Contractor Services Being Provided

 Description of Services Being Provided
 151153/1151 UMU ED X-Ray Replacement (22-051)
 Contractor Laboration

Scope of Contract (Choose one that best fits):				
Analysis 🗌 🛛 Evaluati		rch 🔲	Training 🔲	
Data Processing	Computer Programm		IT consulting	
Engineering 🛛 🛛 Architect Serv			imental Services	
Health Services		alth Services		
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting	
·····	Number of	Number of Iterro	A	
Employment Category		Number of Hours	Amount Payable	
17-2051 Civil Engineer	Employees	Worked	Under the Contract	
	2.	64	\$3,245.00	
17-3022 Civil Engineer technician	2	16	\$662.50	
· · · · · · · · · · · · · · · · · · ·	·····	· · · · · · · · · · · · · · · · · · ·		
Total this page				
Grand Total	4	80	\$3,907.50	

Name of person who prepared this report: Alison Pandina				
Preparer's Signature: alison	Pandini			
Title: Accounting Assistant	Phone #: <u>585-764-3070</u>			

Date Prepared: 04/17/2025

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

#### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SU</u> Contract Number: <u>T-550348</u>	NY Upstate Medical U	<u>Jniversity</u> Agency	Code: <u>28110</u>
Contract Term: <u>12/02/2022</u> to	07/31/2024		
Contractor Name: R.L. Young dba Tr			
Contractor Address: 4588 South Park	Avenue, Blasdell NY	14219	
Description of Services Being Provide			ent (22-051)
Scope of Contract (Choose one that Analysis Evaluati Data Processing Engineering Architect Serv Health Services	on Resea Computer Programm rices Survey		Training  Training  Trainsulting  Trainsulti
Accounting Auditing	Paralegal 🗌		Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
No Hours to Report			
· · · · · · · · · · · · · · · · · · ·			· · · ·
Total this page			
Grand Total			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature:\_

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'n

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: <u>4/08/2025</u>

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: SUNY Upstate Medical UniversityContract Number: T550371Agency Business Unit: SNY01Contract Term: 4/4/2024 to 9/26/2025Agency Department ID: 3320211Contractor Name: M/E Engineering, P.C.Contractor Address: 300 Trolley Boulevard, Rochester, NY 14606Description of Services Being Provided: Mechanical, Electrical and Plumbing Engineering Services, including Environmental and Cost Estimating Services provided by subconsultants.					
Scope of Contract (Choose one that best fits):         Analysis       Evaluation         Data Processing       Computer Programming         Other IT consulting         Engineering       Architect Services         Health Services       Mental Health Services         Accounting       Paralegal					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
17-2071.00	2.00	45.00	\$9,970.38		
17-2141.00	2.00	113.00	\$27,958.33		
17-3023.00	1.00	3.00	\$550.09		
17-3027.00	4.00	58.50	\$14,577.39		
17-2081.00	2.00	23.50	\$2,702.40		
17-3025.00	1.00	16.00	\$1,075.20		
13-1051.00	5.00	112.00	\$11,166.21		
	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	17.00	371.00	\$68,000.00		
Grand Total	17.00	371	\$68,000.00		

Ucenotta

Name of person who prepared this report: Jessica Cucinotta

Title: Accounting Representative Preparer's Signature: Date Prepared: 5/7/2025 Phone #: (585) 288-5590

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2024 to March 31, 2025				
Contracting State Agency Nam	e: Upstate Medical Un	iversity		
Contract Number: T550382		Agency Business Ur	nit:	
Contract Term: 08/06/2024 to	08/28/2029	Agency Department	ID: 28110	
Contractor Name: HOLT Archit	ects, PC			
Contractor Address: 619 W Sta	ate Street Ithaca NY 1	4850		
Description of Services Being I	Provided: CH DaVinci	Surgical Equipment		
		- ex ( )		
Engineering Architect S	Research Trai			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
11-1011.00	1.00	13.00	\$3,894.98	
17-3011.00	1.00	80.00	\$10,859.60	
11-9041.00	4.00	56.50	\$7,563.20	
13-1051.00	1.00	8.00	\$1,093.70	
17-2141.00	1.00	11.50	\$1,690.50	
17-20714.00	2.00	48.50	\$7,954.00	
43-9199.00	1.00	8.50	\$569.50	
Total this Page	11.00	226.00	\$33,625.48	
Grand Total	11.00	226	\$33,625.4	

Name of person who prepared this report: Allison L. Short

Title: Business Manager Preparer's Signature: Date Prepared: 5//13/2025 Phone #: 607-273-7600 Ext 155

# New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: Up	state Medical Ur	iversity		
Contract Number: 1354 Agency Business Unit:			nit: ser la real atria	
Contract Term: 11/15/2024 to / / Agency Department ID: 28110			ID: 28110	
Contractor Name: HOLT Architects, I	PC			
Contractor Address: 619 W State Str	eet Ithaca NY 1	4850		
Description of Services Being Provid	ed: UMU CH EN	IT Clinic		
Scope of Contract (Choose one that b	est fits):			
	•	ning	A second and the second	
Data Processing     Computer Pr	ogramming	Other IT consulting		
I Engineering I Architect Services	s 🗌 Surveying	Environmental	Services	
🔲 Health Services 🔄 Mental Health	Services		4) THE R	
Accounting Auditing Pa	ralegal 🗌 Leg	al 🗌 Other Consult	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
11-1011.00	1.00	5.00	\$1,513.10	
17-3011.00	2.00	70.00	\$7,785.88	
11-9041.00	1.00	3.50	\$644.00	
17-2071.00	1.00	1.00	\$164.00	
17-2141.00	2.00	4.75	\$698.25	
17-3013.00	1.00	4.00	\$588.00	
Total this Page         8.00         88.25         \$11,393.23				
Grand Total 8.00 88 \$11,393.2				

Name of person who prepared this report: Allison L. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: \_\_\_\_\_ Date Prepared: 5//14/2025

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#### FORM B

New York	State Consul	tant Services
Contractor's	Annual Emp	loyment Report

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

Contracting State Agency Name: SL	INY Upstate Med	lical University	an in the second se
Contract Number: 1393		Agency Business U	nit: N/A
Contract Term: 10/24/2023 to /	' /	Agency Department	ID: N/A
Contractor Name: HOLT Architects F	PC Oc		
Contractor Address: 619 W State Sti	reet, Ithaca NY	14850	
Description of Services Being Provid	ed: Relaxation I	Room/Recharge Roor	n - Design
Scope of Contract (Choose one that k			
		ining	- <u>8</u> 1988 88
Data Processing Computer Pr	• •	Other IT consulting	- F - CEX - E - 106-43 - 4
Engineering Architect Service	_ , ,	Environmental	Services
Health Services Mental Health		17 mil 200 - 17 mil 200	o la variari i renar la rega
Accounting Auditing Pa	aralegal 🗌 Leg	gal 🔄 Other Consul	ting
and the second sec	Number of	Number of	Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
17-3011.00	1.00	9.00	\$1,080.27
11-9041.300	1.00	1.50	\$281.25
17-2071.00	1.00	1.00	\$156.00
17-3013.00	1.00	0.50	\$70.00
43-9199.00	1.00	0.75	\$71.25
Service at a chi			
a second s			
			e da e s
Total this Page	5.00	12.75	\$1,658.77
Grand Total	5.00	12	\$1,658.77

Name of person who prepared this report: Allison L. Short

Title: Business Manager Preparer's Signature: Date Prepared: 5/14/2025

Phone #: 607-273-7600 Ext 155

Exhibit Y	OSC Use Only:		
	Reporting Code:		
FORM B	Category Code:		
State Consultant Services			
<b>Contractor's Annual Employment F</b>	Report		
Report Period: April 1, 2024 to March	31, 2025		
Contracting State Agency Name :SUNY Upstate Medical Universit	y Agency Code: <u>28110</u>		

Data Processin	g	Computer Programmi	ing 🗌 'Other	r IT consulting 🗌
Engineering	Architect Servi	<u> </u>		onmental Services
Health Services 🕅				
Accounting	Auditing 🗌	Paralegal 🗌	Legal 🗌	Other Consulting
	с <b>П</b>	0 🗖	0 🛄	° —
<b>F</b> 1	2.4	Number of	Number of Hours	Amount Payable
Employment (	ategory	Employees	Worked	Under the Contract
19-3039.00		1	78	\$13,885.50
······································				
		·····		
Total this	page	1	78	\$13,885.50
Grand To		1	78	\$13,885.50
k.			•	

Name of person who propared this report:	,Farrah McMahon
Name of person who propared this report: Preparer's Signature:	Mullinn-
Title: Practice Administrator	Phone #: 315-464-5450

Date Prepared: <u>5/12/2025</u>

Use additional pages if necessary)

Ext	ıib	bit	Y

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: 28110
Contract Number: 504877	
Contract Term: <u>7/1/2019</u> to <u>6/30/2024</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
	~

Description of Services Being Provided Medical Direction of Pediatrics Program

Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 👘 Resear	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	IT consulting
Engineering Architect Serv			nmental Services
Health Services 🔀	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
Employment Cotogony	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	260	\$70,277.50
		· · · · · · · · · · · · · · · · · · ·	
·		•	
Total this page	1	260	\$70,277.50
Grand Total	1	260	\$70,277.50

Name of person who prepared this report: Farrah McMahon Preparer's Signature: Phone #: <u>315-464-5450</u> Title: Practice Administrator

Date Prepared: <u>5/12/2025</u>

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUN	Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>				
Contract Number: 504878					
Contract Term: <u>9/1/2019</u> to	8/31/2024				
Contractor Name: Pediatric Service G	roup, LLP				
Contractor Address: 750 East Adams S		13210			
Description of Services Being Provided	1 Medical Direction	of University Pediatric	Multi-Specialty		
Center and Pediatric Gastroenterology		•			
	<b></b>				
,					
Scope of Contract (Choose one that )	*	_	·		
Analysis 🗌 👘 Evaluation			Training 🗌		
	Computer Programmi		T consulting		
Engineering Architect Servi			mental Services		
Health Services 🔀		alth Services 🗌			
Accounting Auditing	Paralegal 🗌	Legal 🗌 🛛 🤇	Other Consulting 🗌		
			I		
Employment Category	Number of	Number of Hours	Amount Payable		
	Employees	Worked	Under the Contract		
29-1221.00	1	303	\$38,552.92		
		l			
			<u>_</u>		
		· · · · · · · · · · · · · · · · · · ·			
Total this page	1	303	\$3,8,552.92		
Grand Total	1	303	\$38,552.92		
Beere and the second se		· · · · · · · · · · · · · · · · · · ·			

Name of person who prepared this report: Farrah McMahon UN MANER Preparer's Signature:\_

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5/12/2025</u>

Use additional pages if necessary)

#### FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>504944</u> Contract Term: <u>10/1/2019</u> to Contractor Name: Pediatric Service G	9/30/2024	niversity Agency	Code: <u>28110</u>
	· · · · · · · · · · · · · · · · · · ·	12210	
Contractor Address: 750 East Adams			
Description of Services Being Provide	d Quality Officer Pe	diatric Services Program	n
		······································	
Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🛛 Evaluatio	on 🗌 🛛 Resear	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv			nmental Services
Health Services 🕅		alth Services	_
Accounting Auditing			Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	520	\$56,031.50
	•	020	400,00 1100
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	· · · · · · · · · · · · · · · · · · ·		
Total this page	1	520	\$56,031.50
Grand Total	1	520	\$56,031,50

Name of person who prepared this report: Farrah McMahon ha Preparer's Signature: /

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: 5/12/2025

Use additional pages if necessary)

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: 505065	
Contract Term: <u>7/1/2019</u> to <u>6/30/2024</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided General Pediatrician Services_	
• • • • • • • • • • • • • • • • • • •	
Scope of Contract (Choose one that best fits):	
Analysis Evaluation Evaluation Research	Training 🗌

Analysis 🗌 🛛 Evaluati	on 🗌 🛛 🛛 Resear	rch	Training
Data Processing	Computer Programmi	ing 🗌 Other	IT consulting
Engineering Architect Serv	rices 🗍 👘 Survey	ring 🗌 Enviror	nmental Services 🗌
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 📃	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1221.00	1	520	\$52,952.75
Total this page	1	520	\$52,952.75
Grand Total	1	520	\$52,952.75

Name of person who prepared this report: Farrah McMaho	<u>n</u>
Name of person who prepared this report: Farrah McMaho Preparer's Signature:	
Title: Practice Administrator	Phone #: 315-464-5450

Date Prepared: 5/12/2025

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Use additional pages if necessary)

#### FORM B

**OSC Use Only:** Reporting Code: Category Code:

# **State Consultant Services Contractor's Annual Employment Report**

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

Contracting State Agency Name : <u>SUN</u>	IY Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 505378			
Contract Term: <u>7/1/2019</u> to			
Contractor Name: Pediatric Service G			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	d On-Call Coverage	of Pediatrics Program_	
Scope of Contract (Choose one that		. —	
Analysis 🗌 👘 Evaluatio			Training 🗌
	Computer Programmi		T consulting
Engineering Architect Serv	ices 🗌 👘 Survey	ring 🗌 🛛 Environ	mental Services
Health Services 🔀	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting
	÷ —	•	
England Orthogram	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	84	2,190	\$27,375.00
	· · · · · · · · · · · · · · · · · · ·		
	<u>.</u>		
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
<u>\</u>			
· · · · · · · · · · · · · · · · · · ·			
······			
Total this page	84	2,190	\$27,375.00
Grand Total	84	2.190	\$27,375.00

Name of person who prepared this peport: Farrah McMahon her-Preparer's Signature: Title: Practice Administrator

Date Prepared: 5/12/2025

Phone #: 315-464-5450

Use additional pages if necessary)

FORM B

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OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: 505379	
Contract Term: <u>7/1/2020</u> to <u>6/30/2025</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Pediatric Ambulatory Infusion	and Transfusion Physician
Services	

Scope of Contract (Choose one that	best fits):				
Analysis Evaluation Research Training					
Data Processing	Computer Programming Other IT consulting				
Engineering Architect Serv			nmental Services		
Health Services 🕅		alth Services			
Accounting Auditing	Paralegal 🗌	Legal 🗍	Other Consulting		
Employment Category	Number of	Number of Hours	Amount Payable		
	Employees	Worked	Under the Contract		
29-1221.00		· · · · · · · · · · · · · · · · · · ·	\$257,812.50		
Contract is based on billable					
volume, not FTEs					
			· · · · ·		
Total this page			\$257,812.50		
Grand Total			\$257,812.50		

Name of person who prepared this report: Farrah McMahon	
Name of person who prepared this report: Farrah McMahon Preparer's Signature:	

Title: Practice Administrator

Phone #: <u>315-464-5450</u>

Date Prepared: <u>5/10/2025</u>

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Use additional pages if necessary)

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>505380</u> Contract Term: <u>7/1/2020</u> to Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provided Services	<u>6/30/2025</u> roup, LLP Street, Syracuse, NY	13210	Code: <u>28110</u>
· · · · · · · · · · · · · · · · · · ·		·····	
Scope of Contract (Choose one that			_
Analysis Evaluation Data Processing C Engineering Architect Serve Health Services A Accounting Auditing C	Computer Programmi icesSurvey Mental He	ing Other : ing Enviror alth Services	Training  Traini
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked 624	Under the Contract \$87,710.00
29-1221.00	2	024	φο/,/10.00
		<u> </u>	
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·····			
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
			-
		. ,	
Total this page	2	624	\$87,710.00
Grand Total	2	624	\$87,710.00

Name of person who prepared this report: Farrah McMahon Preparer's Signature:

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: 5//10/2025

Use additional pages if necessary)

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**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: 28110
Contract Number: 505381	
Contract Term: <u>7/1/2020</u> to <u>6/30/2025</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction of Pediatric	Respiratory Therapy Program
-	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on 🗌 Resear	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	ices Survey	ving Enviror	mental Services
Health Services 🕅		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	208	\$29,277.00
		s	
1			
	`		
Total this page	1	208	\$29,277.00
Grand Total	1	208	\$29,277.00

Name of person who prepared this report: Farrah McMahon	
Name of person who prepared this report: Farrah McMahon Preparer's Signature:	<u> </u>
Title: Practice Administrator	Phone #: <u>315-464-5450</u>
Date Prepared: <u>5//10/2025</u>	

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Use additional pages if necessary)

Exhibit Y		OSC Use	Only:
		Reporting	•
FORM B		Category	Code:
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	State Consultant Ser	rvices	
Contrac	tor's Annual Employ	yment Report	
Report Per	riod: April 1, 2024 to	o March 31, <b>202</b>	
Contracting State Agency Name :SUN	NY Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 505382			
Contract Term: <u>7/1/2020</u> to	6/30/2025		
Contractor Name: Pediatric Service G	roup, LLP		
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide	d Medical Direction	of Pediatric Antibiotic	Stewardship and
Consultative Services Program		·	
·			
· · · · · · · · · · · · · · · · · · ·			· · · · · ·
	<b>T</b>		
Scope of Contract (Choose one that		, []	
Analysis Evaluation		a second	
¥	Computer Programm		IT consulting
Engineering Architect Serv			mental Services
Health Services		alth Services	
Accounting Auditing	Paralegal		Other Consulting
			A (D 11
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1221.00	1	208	\$36,231.00
1	1	l	

Name of person who prepared this report; Farrah McMahon	
Name of person who prepared this report: Farrah McMahon Preparer's Signature:	
Title: Practice Administrator	Phone #: <u>315-464-5450</u>
Date Prepared: 5/10/2025	1

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Use additional pages if necessary)

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Total this page

Grand Total

Page 1 of 1

\$36,231.00

\$36,231.00

208

208

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>505383</u> Contract Term: <u>7/1/2020</u> to Contractor Name: Pediatric Service Gr Contractor Address: 750 East Adams S Description of Services Being Provided (PDAC) Program	<u>6/30/2025</u> roup, LLP Street, Syracuse, NY	13210	Code: <u>28110</u> AIDS Center
Scope of Contract (Choose one that Analysis Analysis Evaluation Data Processing Architect Service Health Services Accounting Auditing Auditing	on Resear Computer Programmi ices Survey Mental He	ing  Other ing  Enviror alth Services	Training  Traini
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	520	\$90,577.00
· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·
Total this page	1	520	\$90,577.00
Grand Total	1	520	\$90,577.00

Name of person who prepared this report; Farrah McMahon	
Name of person who prepared this report: Farrah McMahon Preparer's Signature:	
Title: Practice Administrator	Phone #: <u>315-464-5450</u>
Date Prepared: <u>5/10/2025</u>	

Date Frepared. 5/10/2025

Use additional pages if necessary)

FORM B

**OSC Use Only:** Reporting Code: Category Code:

# **State Consultant Services Contractor's Annual Employment Report**

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: 505385	
Contract Term: <u>7/1/2020</u> to <u>6/30/2025</u>	`
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Description of Services Being Provided Medical Direction of Pediatric	Infection Control Program
-	

Scope of Contract (Choose one that	t best fits):		
Analysis 🗌 🛛 Evaluat	ion 🗌 🛛 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Ser	vices 🗍 👘 Survey	/ing 🗌 Enviror	mental Services
Health Services 🔀	Mental He	ealth Services	
Accounting Auditing	Paralegal	Legal	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	416	\$46,039.00
Total this page	1	416	\$46,039.00
Grand Total	1	416	\$46,039.00

Name of person who prepared this report:	Farrah McMahon
Name of person who prepared this report: Preparer's Signature:	4 Mann
Title: Practice Administrator	Phone #: <u>315-464-5450</u>

Date Prepared: 5/10/2025

Phone #: 315-464-5450

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Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code: è

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: 505388	
Contract Term: <u>7/1/2020</u> to <u>6/30/2025</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	·
Description of Services Being Provided Physician Services Pediatric Ho	ospitalists
· · · · · · · · · · · · · · · · · · ·	

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on 🗌 Resear	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing Other	IT consulting
Engineering Architect Serv	ices Survey	ing Enviro	nmental Services
Health Services 🔀		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗍	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	15	19,240	\$1,847,390.41
Total this page	15	19,240	\$1,847,390.41
Grand Total	15	19,240	\$1,847,390.41

Name of person who p	repa	red this report	Farrah	МсМа	hon	
Name of person who p Preparer's Signature:	$\angle$	<b>mal</b> îO	Mu	Mal	UM .	

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5/14/2025</u>

Use additional pages if necessary)

Page 1 of 1

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FORM B

**OSC Use Only:** Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUN	IY Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 505751		U U	
Contract Term: 7/1/2021 to	6/30/2026		
Contractor Name: Pediatric Service G			
Contractor Address: 750 East Adams		13210	
Description of Services Being Provide			ogram
		or opposite reaction of the	-0
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Scope of Contract (Choose one that	*		
Analysis Evaluatio			
	Computer Programmi		T consulting
Engineering Architect Serv			mental Services
Health Services 🔀		alth Services 🛄	· · · · · ·
Accounting Auditing	Paralegal 🗌	Legal 🗌 🤇 🤇	Other Consulting 🗌
			r
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1221.00	1	104	\$9,616.00
1			·
			ļ
		· · · ·	
	·····		
			· ·
Total this page	1	104	\$9,616.00
Grand Total	1	104	\$9,616.00

Name of person who prepared this report: Farrah McMahon Preparer's Signaturer

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5//11/2025</u>

Use additional pages if necessary)

#### FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	Y Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 505768	·		
Contract Term: <u>7/1/2021</u> to	6/30/2026		
Contractor Name: Pediatric Service G	roup, LLP		
Contractor Address: 750 East Adams		13210	
Description of Services Being Provide			
	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·			
Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on 🗌 Resea		Training 🗌 🔄
Data Processing	Computer Programm		T consulting
Engineering Architect Serv	ices 🗍 👘 Survey	ving Environ	mental Services
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting 🗌
	· -		
Employment Catagory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	53	110,233	\$794,977.00
29-1171.00	6	11,680	\$85,654.00
19-3033.00	8	16,494	\$64,892.00
· · · · · · · · · · · · · · · · · · ·			
· · · ·			· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
Total this page	67	138,407	\$945,523.00
Grand Total	67	138,407	\$945,523.00
	1 0/	1 130.40/	1 3743,343,00

Name of person who prepared this report Farrah McMahon Preparer's Signature:

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

Exhibit Y `

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: 505788	
Contract Term: <u>7/1/2021</u> to <u>6/30/2026</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Medical Direction of University	y Pediatric and Adolescent
Center ("UPAC")	
· · · · · · · · · · · · · · · · · · ·	

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🛛 Evaluation	on 🗌 👘 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other 1	IT consulting
Engineering Architect Serv			mental Services
Health Services 🔀		alth Services	
Accounting Auditing	Paralegal	Legal 🗍	Other Consulting 🗌
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	624	\$106,966.00
		•	
· · · · · · · · · · · · · · · · · · ·			
Total this page	1	624	\$106.966.00
Grand Total	1	624	\$106,966.00

Name of person who prepared this report: Farrah McMahon Preparer's Signature: WAMAN

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

FORM B

**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	Y Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 505795			
Contract Term: <u>7/1/2021</u> to	6/30/2024		
Contractor Name: Pediatric Service G	L		
Contractor Address: 750 East Adams S			
Description of Services Being Provided	d Medical Direction	of Upstate Golisano Ch	ildren's Hospital
Pediatric Intensive Care Unit			
			, ,
· · · · · · · · · · · · · · · · · · ·			······································
Scope of Contract (Choose one that I		1 🗖	<b></b>
Analysis Evaluatio			
	Computer Programmi	0	IT consulting
Engineering Architect Servi			mental Services
Health Services		alth Services	
Accounting Auditing	Paralegal		Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	104	\$16,365.75
23-1221.00		104	\$10,303.75
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		· · · · · · · · · · · · · · · · · · ·	
		······································	
	,,,,,,,		
Total this page	1	104	\$16,365.75
Grand Total	1	104	\$16,365.75

Name of person who prepared this report: Farrah McMahon

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5//12/2025</u>

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUN	Y Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 505800			
Contract Term: 7/1/2021 to	6/30/2026		
Contractor Name: Pediatric Service G	roup, LLP		
Contractor Address: 750 East Adams		13210	
Description of Services Being Provide	•		Services
1		¥	
	· · · · · · · · · · · · · · · · · · ·		
		·	
Scope of Contract (Choose one that			
Analysis 🗌 👘 Evaluatio	on 🗌 Resear	rch 🗌 🤺	Training 🔲 🔄
Data Processing	Computer Programmi	ing 🗌 Other 1	T consulting 🔲
Engineering Architect Serv	ices 🗍 👘 Survey	ving 🗌 Environ	mental Services 🗌
Health Services 🔀		alth Services	
Accounting Auditing	Paralegal 🗌	Legal 🗌 🛛	Other Consulting
	÷ —		¥ ===
Employment Cotegory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	166	\$24,756.00
			· .
			;
	+	· · · · · · · · · · · · · · · · · · ·	
	· ·		· · · · · · · · · · · · · · · · · · ·
Total this page	1	166	\$24,756.00
Grand Total	1	166	\$24,756.00
		100	ψ21,750.00

Name of person who prepared this report Farrah McMahon

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Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

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OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: 506111	
Contract Term: <u>3/14/2022</u> to <u>3/13/2025</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Respiratory Therapist Staff Services	rvices

Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🔹 Evaluati	on 🗌 🛛 Resea	rch 🗌	Training 🗌
Data Processing	Computer Programm	ing 🗌 Other	· IT consulting
Engineering 🗌 Architect Serv	vices 🗌 🛛 Survey	/ing Enviro	nmental Services
Health Services 🔀	Mental He	alth Services 🗌	
Accounting Auditing	Paralegal	Legal	Other Consulting
Employment Catagory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1126.00	1	748	\$44,329.51
		· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·			
Total this page	1	748	\$44,329.51
Grand Total	1	748	\$44,329.51

Name of person who prepared this report; Farrah McMahon Preparer's Signature:

Title: Practice Administrator

Phone #: <u>315-464-5450</u>

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: <u>28110</u>
Contract Number: 506137	
Contract Term: <u>3/31/2022</u> to <u>3/30/2025</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street, Syracuse, NY 13210	
Description of Services Being Provided Dual Diagnosis Program Dire	ction

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation		rch 🗌	Training 🗌
	Computer Programm	ing 🗍 🛛 Other	IT consulting
Engineering Architect Serv	ices 🗍 👘 Survey	ving 🗌 Enviro	nmental Services 🗌
Health Services	Mental He	alth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
19-3039.00	1	1,040	\$203,388.00
		<u>,</u>	
Total this page	1	1,040	\$203,388.00
Grand Total	1	1,040	\$203,388.00

Name of person who prepared this report: Farrah McMahon Preparer's Signature: Preparer's Signature: ĮМ. Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: 506189
Contract Term: <u>7/1/2022</u> to <u>6/30/2027</u>
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Pediatric Endocrinologist Services

Scope of Contract (Choose one that	best fits):		
Analysis Evaluation	on Resear	rch	Training 🗌
Data Processing	Computer Programmi	ing 🗌 Other	IT consulting
Engineering 🗌 Architect Serv			nmental Services 🗌 🛛
Health Services 🛛	Mental He	alth Services	_
Accounting Auditing	Paralegal		Other Consulting
Employment Coto com	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	2,080	\$152,221.00
	· · · · · · · · · · · · · · · · · · ·		
		·	
			, ,
	· · · · · · · · · · · · · · · · · · ·		
Total this page	1	2 080	\$152,221,00
Total this page		2,080	\$152,221.00
Grand Total	11	2,080	\$152,221.00

Name of person who prepared this report, Farrah McMahon MANA Preparer's Signature:

Title: Practice Administrator

Phone #: <u>315-464-5450</u>

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name :SUN	Y Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 506298			
Contract Term: <u>8/29/2022</u> to	8/28/2027		
Contractor Name: Pediatric Service G	roup, LLP		
Contractor Address: 750 East Adams		13210	
Description of Services Being Provide			vices
1 5		· ·	
د 			·
Scope of Contract (Choose one that		_	
Analysis 🗌 🛛 Evaluatio			Training 🗌
Data Processing	Computer Programmi		T consulting
Engineering Architect Serv	ices 🗌 👘 Survey	ing 🗌 🛛 Environ	mental Services 🗌
Health Services 🔀	Mental He	alth Services 🗌	
Accounting Auditing	Paralegal 🗌	Legal 🔲 🛛	Other Consulting 🔲
	-		
Employment Cotogom:	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	1	2,080	\$237,924.00
······································			
	<u> </u>		
		-	
Total this page	1	2,080	\$237,924.00
Grand Total	1	2 080	\$237,924.00

Name of person who propared this report: Farrah McMahon
Preparer's Signature:

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

Exhibit Y		OSC Use	•
FORM B	Reporting Code:     Category Code:		
	State Consultant Ser		
Contrac	tor's Annual Employ	yment Report	
Report Per	iod: April 1, 2024 to	March 31, 2025	•
Contracting State Agency Name : <u>SUN</u> Contract Number: <u>506390</u>	Y Upstate Medical U	niversity Agency	Code: 28110
Contract Term: <u>1/1/2023</u> to	12/31/2025		
Contractor Name: Pediatric Service G	· · · · · · · · · · · · · · · · · · ·	2210	
Contractor Address: 750 East Adams & Description of Services Being Provided			
Description of Services Being Flovide		gist r nysician Services	
		· · · · · · · · · · · · · · · · · · ·	
Analysis Evaluatio			Training
• —	Computer Programm ices  Survey Mental He Paralegal	ingOther vingEnviron valth Services Legal	IT consulting  mental Services  Other Consulting
Data Processing Engineering Architect Server Health Services	Computer Programm ices Survey Mental He Paralegal Number of	ingOther ringEnviron calth Services Legal Number of Hours	IT consulting immental Services Other Consulting Amount Payable
Data Processing Engineering Architect Server Health Services Accounting Auditing	Computer Programm ices  Survey Mental He Paralegal	ingOther vingEnviron valth Services Legal	IT consulting immental Services Other Consulting Amount Payable
Data Processing Engineering Architect Server Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Servi Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Server Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Server Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Server Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Servi Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Servi Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Servi Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Servi Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Servi Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac
Data Processing Engineering Architect Servi Health Services Accounting Auditing Employment Category	Computer Programm ices Survey Mental He Paralegal Number of Employees	ingOther vingEnviron ealth Services Legal Number of Hours Worked	IT consulting immental Services Other Consulting Amount Payable Under the Contrac

Name of person who prepared this report / Farrah McMahon	
Name of person who prepared this report <u>Farrah McMahon</u> Preparer's Signature:	
Title: Practice Administrator	Phone #: <u>315-464-5450</u>

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

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**OSC Use Only:** Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

		· · · · · · · · · · · · · · · · · · ·	
Contracting State Agency Name :SUN	Y Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 506455			
Contract Term: $1/1/2023$ to	12/31/2026		
Contractor Name: Pediatric Service G			
Contractor Address: 750 East Adams		3210	
Description of Services Being Provide	· •		gist Services
			0
	\ \		
	•		
Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🔪 Evaluatio		rch 🗌	Training 🗌
· ·	Computer Programm		IT consulting
Engineering Architect Serv	<u> </u>	Ŭ 🗖	mental Services
Health Services 🔀		alth Services	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting 🗌
	÷ 🗆	<b>—</b>	·
Employment Cotegory	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
19-3033.00	1	1,560	\$101,026.00
	•		
· ·			
			-
		· · · · · · · · · · · · · · · · · · ·	
Total this page	1	1,560	\$101,026.00
Grand Total	1	1,560	\$101.026.00

Name of person who prepared this report: Farrah McMahon Preparer's Signature:	
Preparer's Signature:	
Title: Practice Administrator	Phone #: <u>315-464-5450</u>
Date Prepared: <u>5/11/2025</u>	

Use additional pages if necessary)

Ex	hib	it	Y

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name	: <u>SU</u>	NY Upstate Medical University	Agency Code: 28110
Contract Number: 506558			
Contract Term: <u>4/1/2023</u>	_to	3/31/2026	

Contractor Name: Pediatric Service Group, LLP\_

Contractor Address: 750 East Adams Street, Syracuse NY 13210\_\_\_\_\_ Description of Services Being Provided Pediatric Intensivist Physician Services

Scope of Contract (Choose one that	haat fita).		/
		1 🗖	
Analysis Evaluation			Training 🗌
	Computer Programmi	<u> </u>	IT consulting
Engineering Architect Serv	ices 🗌 🛛 🛛 Survey	ring 🗌 🛛 Enviror	mental Services
Health Services 🔀	Mental He	alth Services	
Accounting Auditing	Paralegal		Other Consulting
			о <b>п</b>
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1221.00	7	12,480	\$1,782,343.44
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			,
,			
		*	
Total this page	7	12,480	\$1,782,343.44
Grand Total	7	12,480	\$1,782,343.44

Name of person who prepared this report: Farrah McMahon 1 RM/A Preparer's Signature: Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/14/2025

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Use additional pages if necessary)

Exhi	ibi	t Y	
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OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

		····	
Contracting State Agency Name : <u>SUN</u>	IY Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 506562			
Contract Term: <u>4/1/2023</u> to			
Contractor Name: Pediatric Service G		•	
Contractor Address: 750 East Adams	Street Syracuse, NY 1	3210	
Description of Services Being Provide			ervices
Scope of Contract (Choose one that		. 🗔	_ · · □
Analysis Evaluatio			
	Computer Programmi		IT consulting
Engineering Architect Serv			mental Services
Health Services 🔀		alth Services 🗌	
Accounting Auditing	Paralegal 🗌	Legal 🗌	Other Consulting 🗌
Employment Category	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
19-3033.00	1	1,560	\$121,728.00
	······································		
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
Total this page	1	1,560	\$121,728.00
Grand Total	1	1,500	\$121,728.00

 Name of person who prepared this report:
 Farrah McMahon

 Preparer's Signature:
 Image: Compared this report:

 Title:
 Practice Administrator

 Phone #: 315-464-5450

Date Prepared: 05/11/2025

Use additional pages if necessary)

FORM B

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OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u>	IY Upstate Medical U	niversity Agency	Code: <u>28110</u>
Contract Number: 506563	<u> </u>		
Contract Term: <u>4/1/2023</u> to	3/31/2028		
Contractor Name: Pediatric Service G	roup, LLP		
Contractor Address: 750 East Adams	Street, Syracuse NY 1	3210	
Description of Services Being Provide	d Pediatric Hematolo	gy/Oncology Physician	Services
1			
	· · · · · · · · · · · · · · · · · · ·		
Scope of Contract (Choose one that	best fits):		
Analysis 🗌 🔪 Evaluation		rch 🗌	Training 🗌
·	Computer Programmi	ing 🗍 Other I	T consulting
Engineering Architect Serv	<u> </u>		mental Services
Health Services 🕅	/	alth Services	
Accounting Auditing	Paralegal		Other Consulting
	Number of	Number of Hours	Amount Payable
Employment Category			Under the Contract
	Employees	Worked	Under the Contract

29-1221.00	1	2,080	\$204,439.00
		······································	
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		- In	
· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	
Total this page	1	2,080	\$204,439.00
Grand Total	1	2,080	\$204,439.00

Name of person who prepared this report: Farrah McMahon	
Name of person who prepared this report: Farrah McMahon Preparer's Signature:	
Title: Practice Administrator	Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

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Use additional pages if necessary)

OSC Use Only: Reporting Code: Category Code:

### State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>506654</u> Contract Term: <u>7/1/2023</u> to Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provider	<u>6/30/2025</u> roup, LLP Street, Syracuse, NY	13210	Code: 28110	
Scope of Contract (Choose one that				
Analysis 🗌 👘 Evaluatio			Training	
	Computer Programmi		T consulting	
Engineering Architect Serv			mental Services 🗌	
Health Services 🔀		alth Services 🗌	_	
Accounting Auditing	Paralegal 🗌	Legal 🗌 🤇 🤇	Other Consulting	
Employment Category	Number of	Number of Hours	Amount Payable	
	Employees	Worked	Under the Contract	
29-1221.00	1 .	416	\$86,367.00	
			,	
	·			
	1		· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·			····	
Total this page	1	416	\$86,367.00	
Grand Total	1	416	\$86,367.00	
	L!	1	400,007,000	

Name of person who prepared this report: Farrah McMahon Preparer's Signature: Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

Exhibit	Y
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**OSC Use Only:** Reporting Code: Category Code:

### **State Consultant Services Contractor's Annual Employment Report**

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

Contracting State Agency Name : <u>SUN</u> Contract Number: <u>506674</u> Contract Term: <u>7/1/2023</u> to Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provide	6/30/2026 roup, LLP Street, Syracuse, NY	13210	Code: 28110
Scope of Contract (Choose one that	heet fite).		
Analysis Evaluatio	on Resear Computer Programmi ices Survey Mental He	ingOther l ringEnviron alth Services	Training  T consulting  T cons
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	416	\$60,063.00
-	···-		
· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·
· · ·			
{			
Total this page	1	416	\$60,063.00
Grand Total	1	416	\$60,063.00

Name of person who prepared this report; Farrah McMahon Mahu

Preparer's Signature:

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: <u>5/11/2025</u>

Use additional pages if necessary)

FORM B

OSC Use Only: Reporting Code: Category Code:

# State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name : SUNY Upstate Medical University	Agency Code: 28110
Contract Number: 506900	
Contract Term: <u>12/01/2023</u> to <u>11/30/2028</u>	
Contractor Name: Pediatric Service Group, LLP	
Contractor Address: 750 East Adams Street Syracuse, NY 13210	
Description of Services Being Provided Medical Direction Spina Bifid	a Services Program
	_

Scope of Contract (Choose one that best fits):				
Analysis Evaluation	on 🗌 🛛 Resea	rch 🗌	Training 🗌	
	Computer Programm	ing 🗍 Other	IT consulting	
Engineering Architect Serv			nmental Services	
Health Services 🕅		alth Services	_	
Accounting Auditing	Paralegal	Legal 🗌	Other Consulting	
	Number of	Number of Hours	Amount Payable	
Employment Category	Employees	Worked	Under the Contract	
29-1221.00	1	624	\$105,331.00	
·				
· · · ·				
·				
Total this page	1	624	\$105,331.00	
Grand Total	1	624	\$105,331.00	

Name of person who prepared this report: Farrah McMahon	
Name of person who prepared this report: Farrah McMahon Preparer's Signature:	
Title: Practice Administrator	Phone #: 315-464-5450

Date Prepared: 05/11/2025

Use additional pages if necessary)

AC 3272-S (Effective 4/12)

#### FORM B

# New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: SUNY Upstate Medical University Contract Number: N/AAgency Business Unit: 28110Contract Term: 07/01/2023 to 09/30/2024Agency Department ID: 3320211Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)Contractor Address: 1173 Ignition Drive, South Bend, IN 46601Description of Services Being Provided: Workforce EngagementContractor Engagement						
Scope of Contract (Choose one that b						
		ning				
Data Processing Computer Pro		Other IT consulting	. ·			
Engineering Architect Services	. – •••	Environmental	Services			
Health Services     Mental Health     Accounting     Accounting     Pa	services ralegal 🗌 Leg	al 🛛 🖂 Other Consul	tina			
		· · · · · · · · · · · · · · · · · · ·				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
43-4051.00 (Cust Serv Rep	4.00	25.00	\$14,903.00			
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$115.00			
41-3099.99 (Sales Rep)         1.00         20.00         \$14,00			\$14,000.00			
19-3099.99 (Social Science and Related Worker         4.00         12.00         \$7,794.00						
Please note that we do not operate our business in this manner where hours are specifically allocated per person on and account basis. The information is the best available.0.000.00\$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	13.00	67.00	\$36,816.00			
Grand Total			\$36,816.00			

Name of person who prepared this report: Devin J. Anderson

Title: General Counsel & Corporate Secretary

Phone #: 800-232-8032

Date Prepared: 05/05/2025

Preparer's Signature: