

Sunmount Developmental  
Disabilities Service Office  
3660240

## 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: NYS OPWDD Sunmount DDSOO

Contract Number: C0SSU00599

Agency Business Unit: 51420

Agency Department ID: 3660240

Contract Term: 5/1/2023 to 4/30/2028

Contractor Name: National Eye Care, Inc.

Contractor Address: 2264 Saranac Ave., Lake Placid, NY 12946

Description of Services Being Provided: Optometry

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☒ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Optometry	1	48	
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	48	\$19,284.50
Grand Total	1	48	\$19,284.50

Name of person who prepared this report: Angela Gavin

Title: Office Manager

Preparer's Signature: Angela Gavin

Date Prepared: 05/14/2025

Phone #: 518-302-5578



**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: NYS OPWDD Sunmount DDSOO  
 Contract Number: S0SSU00330  
 Agency Business Unit: 51420  
 Agency Department ID: 3660240  
 Contract Term: 9/1/2020 to 8/31/2025  
 Contractor Name: Andrew Walkow  
 Contractor Address: 31 Cherry Tree Lane., Saranac Lake, NY 12983  
 Description of Services Being Provided: Physical Therapy

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis    ☐ Evaluation    ☐ Research    ☐ Training  
☐ Data Processing    ☐ Computer Programming    ☐ Other IT consulting  
☐ Engineering    ☐ Architect Services    ☐ Surveying    ☐ Environmental Services  
☒ Health Services    ☐ Mental Health Services  
☐ Accounting    ☐ Auditing    ☐ Paralegal    ☐ Legal    ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Health care	1.00	704.25	\$62,751.18
	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
Total this Page	1.00	704.25	\$62,751.18
<b>Grand Total</b>	1.00	704.25	\$62,751.18

Name of person who prepared this report: Andrew Walkow

Title: Physical therapist

Phone #: (518) 524-8749

Preparer's Signature: 

Date Prepared: 4/7/2025

## FORM B

**New York State Consultant Services**  
**Contractor's Annual Employment Report**  
 Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD Sunmount DDSOO  
 Contract Number: TOSSU00789 Agency Business Unit: 51420  
 Contract Term: 08/01/2024 to 07/31/2025 Agency Department ID: 3660240  
 Contractor Name: ELITE PHARMACY  
 Contractor Address: NO ADDRESS ON FILE  
 Description of Services Being Provided: MEDICATION REVIEW

**Scope of Contract (Choose one that best fits):**

- ☐ Analysis   ☐ Evaluation   ☐ Research   ☐ Training  
☐ Data Processing   ☐ Computer Programming   ☐ Other IT consulting  
☐ Engineering   ☐ Architect Services   ☐ Surveying   ☐ Environmental Services  
☐ Health Services   ☐ Mental Health Services  
☐ Accounting   ☐ Auditing   ☐ Paralegal   ☐ Legal   ☒ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Independent Consultant	0.00	0.00	\$0.00
pharmacist Med. review	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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
Grand Total			

Name of person who prepared this report:

Rita Amigdalos

Title: PRESIDENT

Phone #:

Preparer's Signature:

Date Prepared: 5/7/25