

# **Children & Family Services**

**3400000**

USC USE ONLY:	Reporting Code:
	Category Code:
	Date Contract Approved:

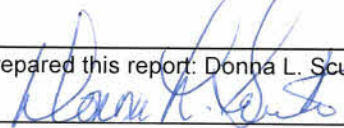
State Consultant Services  
Contractors Annual Employment Report  
Report Period: April 1, 2016 through March 31, 2017

Contracting State Agency Name:	NYS Office of Children & Family Services
Agency Code:	3400600
Contract Number:	C005180
Contract Term:	January 1, 2016 - December 31, 2016
Contractor Name:	Research Foundation for State University of New York
Contractor Address:	Buffalo State College, 1300 Elmwood Avenue, Buffalo, New York 14222
Description of Services Being Provided:	Training

Scope of Contract (Choose one that best fits):

Training

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under Contract
Administrative Services Managers			
Business Operations Specialists			
Computer Operators			
Computer Programmer	1	260.02	\$ 8,336.41
Computer User Support Specialists			
Executive Secretaries and Exec Administrative Assistants			
Graduate Teaching Assistants			
Instructional Coordinators			
Managers	1	80.44	\$ 8,473.08
Office and Administrative Support Workers	2	7.11	\$ 247.50
Production Workers			
Secretaries and Administrative Assistants			
Statistical Assistants			
Training and Development Specialists	1	380.03	\$ 28,009.46
Education Teachers, Postsecondary			
Biologists			
Biological Technicians			
Education Teachers, Postsecondary			
Social Science Research Assistance	1	75.05	\$ 1,645.40
Grand Total	6.00	802.65	46,711.85

Name of person who prepared this report: Donna L. Scuto
Preparer's Signature: 
Title: Associate VP for Sponsored Programs
Date Prepared: 04/24/17
Phone # 716-878-6700, opt 5

**FORM B**

USC USE ONLY:	Reporting Code:
	Category Code:
	Date Contract Approved:


**State Consultant Services  
Contractors Annual Employment Report**  
Report Period: April 1, 2016 through March 31, 2017

Contracting State Agency Name:	<b>NYS Office of Children &amp; Family Services</b>
Agency Code:	340000
Contract Number:	C005182
Contract Term:	<b>January 1, 2016 - December 31, 2016</b>
Contractor Name:	Research Foundation for State University of New York
Contractor Address:	Buffalo State College, 1300 Elmwood Avenue, Buffalo, New York 14222
Description of Services Being Provided:	Training

Scope of Contract (Choose one that best fits):

Training

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under Contract
Administrative Services Managers			
Business Operations Specialists	1	9.45	\$ 453.39
Computer Operators			
Computer Programmer			
Computer User Support Specialists			
Executive Secretaries and Exec Administrative Assistants			
Graduate Teaching Assistants			
Instructional Coordinators	1	64.00	\$ 2,806.61
Managers	2	378.54	\$ 39,162.64
Office and Administrative Support Workers	4	61.43	\$ 1,944.68
Production Workers			
Secretaries and Administrative Assistants	1	84.59	\$ 3,312.09
Statistical Assistants			
Training and Development Specialists	5	701.00	\$ 43,234.18
Education Teachers, Postsecondary			
Biologists			
Biological Technicians			
Education Teachers, Postsecondary			
<b>Grand Total</b>	<b>14.00</b>	<b>1,299.01</b>	<b>90,913.59</b>

Name of person who prepared this report: Donna L. Scuto
Preparer's Signature: 
Title: Associate VP for Sponsored Programs
Date Prepared: 04/24/17
Phone # <sup>716</sup> 878-6700, opt 5

## FORM B

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

Report Period: April 1, 016 to March 31, 2017

Contracting State Agency Name: NYS Office of Children and Family Services  
 Contract Number: C027386 Agency Business Unit: CFS01  
 Contract Term: 5/1/2014 to 12/31/2017 Agency Department ID: 3400000  
 Contractor Name: PricewaterhouseCoopers, LLP  
 Contractor Address: 300 Madison Ave, New York, NY 10017

Description of Services Being Provided: Support OCFS in establishing and providing process design, project management support, and integrity monitoring services for the administration of the \$235M U.S. Health and Human Services funded Superstorm Sandy Social Services Block Grant (Sandy SSBG).

**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
Management Analysts	8.00	12,202.70	\$1,855,879.95
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	8.00	12,202.70	\$1,855,879.95
<b>Grand Total</b>	<b>8.00</b>	<b>12,202</b>	<b>\$1,855,879.95</b>

Name of person who prepared this report: Anaita Kasad

Title: Principal, Public Sector Advisory

Phone #: 650-339-3601

Preparer's Signature: 

Date Prepared: 5/10/2017

FORM B

OSC Use Only:  
Reporting Code:  
Category Code:

**State Consultant Services  
Contractor's Annual Employment Report  
Report Period: April 1, 2016 to March 31, 2017**

Contracting State Agency Name: Office of Children & Family Services Agency Code: ~~25000~~  
Contract Number: C027814 3400000  
Contract Term: 7/18/16 to 8/24/16  
Contractor Name: MVP Consulting Plus, Inc.  
Contractor Address: 435 New Karner Road Albany, NY 12205  
Description of Services Being Provided: Computer Consulting (Various)

**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
15-1199.09	1	187.25	\$19,661.25
Total this page			
Grand Total	1	187.25	\$19,661.25

Name of person who prepared this report: Ilakumari N. Patel  
 Preparer's Signature: *IN Patel*  
 Title: CEO/CFO Phone #: 518-218-1700  
 Date Prepared: 4/20/17

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

<b>Contracting State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>340000</u>
<b>Contract Number:</b> <u>C027985</u>	
<b>Contract Term:</b> <u>02/01/2017 to 12/31/2021</u>	
<b>Contractor Name:</b> <u>Henry D. Gerson, M.D., P.C.</u>	
<b>Contractor Address:</b> <u>310 Taughannock Blvd., 3rd Floor, Ithaca, NY 14850</u>	
<b>Description of Services Being Provided:</b> <u>Psychiatric Services</u>	

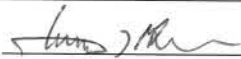
**Scope of Contract (Choose one that best fits):**

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00	1	105	\$35,369.30
<b>Total this page</b>	1	105	\$35,369.30
<b>Grand Total</b>	1	105	\$35,369.30

**Name of person who prepared this report:** Henry D. Gerson

**Title:** President **Phone #:** 917-539-0445

**Preparer's Signature:** 

**Date Prepared:** 05/29/2017

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

<b>Contracting State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>340000</u>
<b>Contract Number:</b> <u>C027987</u>	
<b>Contract Term:</b> <u>03/01/2017 to 12/31/2021</u>	
<b>Contractor Name:</b> <u>Henry D. Gerson, M.D., P.C.</u>	
<b>Contractor Address:</b> <u>310 Taughannock Blvd., 3rd Floor, Ithaca, NY 14850</u>	
<b>Description of Services Being Provided:</b> <u>Psychiatric Services</u>	

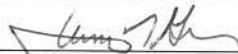
**Scope of Contract (Choose one that best fits):**

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00	1	78	\$26,180.25
<b>Total this page</b>	1	78	\$26,180.25
<b>Grand Total</b>	1	78	\$26,180.25

**Name of person who prepared this report:** Henry D. Gerson

**Title:** President **Phone #:** 917-539-0445

**Preparer's Signature:** 

**Date Prepared:** 05/29/2017

FORM B


USC USE ONLY:      Reporting Code:  
 Category Code:  
 Date Contract Approved:

State Consultant Services  
 Contractors Annual Employment Report  
 Report Period: April 1, 2016 through March 31, 2017

Contracting State Agency Name:      **NYS Office of Children and Family Services**  
 Agency Code:      **3480000**  
 Contract Number:      **C300264**  
 Contract Term:      **January 1, 2016 - December 31, 2016**  
 Contractor Name:      **Research Foundation for State Univrsity of New York**  
 Contractor Address:      **Buffalo State College, 1300 Elmwood Avenue, Buffalo, New York 14222**  
 Description of Services Being Provided:      **Training**

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under Contract
Administrative Services Managers			
Business Operations Specialists	1	426.40	\$ 20,510.38
Computer Operators			
Computer Programmer	5	2808.13	\$ 155,093.26
Computer Support Specialist	2	2116.69	\$ 93,413.72
Executive Secretaries and Exec Administrative Assistants			
Graduate Teaching Assistants			
Instructional Coordinators	1	7.19	\$ 316.89
Managers	2	242.63	\$ 19,516.74
Office and Administrative Support Workers	7	2266.38	\$ 75,956.34
Production Workers			
Secretaries and Administrative Assistants	2	336.41	\$ 10,783.38
Statistical Assistants	2	295.20	\$ 13,580.45
Training and Development Specialists	7	2357.02	\$ 149,973.49
Education Teachers, Postsecondary	1	16.00	\$ 1,512.00
Grand Total	30.00	10,872.05	540,656.65

Name of person who prepared this report: Donna L. Scuto  
 Preparer's Signature:   
 Title: Associate VP for Sponsored Programs  
 Date Prepared: 04/26/2017  
 Phone # 716-878-6700, opt: 5





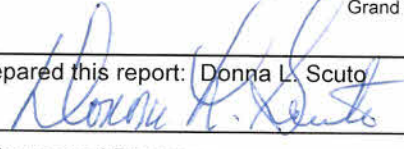
USC USE ONLY: Reporting Code:  
 Category Code:  
 Date Contract Approved:

**State Consultant Services  
 Contractors Annual Employment Report  
 Report Period: April 1, 2016 through March 31, 2017**

Contracting State Agency Name:	<b>NYS Office of Children and Family Services</b>
Agency Code:	<b>3400000</b>
Contract Number:	<b>C300266</b>
Contract Term:	<b>January 1, 2016 - December 31, 2016</b>
Contractor Name:	<b>Research Foundation for State University of New York</b>
Contractor Address:	<b>Buffalo State College, 1300 Elmwood Avenue, Buffalo, New York 14222</b>
Description of Services Being Provided:	<b>Training</b>

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under Contract
Administrative Services Managers	1	819.95	\$ 36,009.98
Business Operations Specialists	1	59.57	\$ 5,522.72
Computer Operators			
Computer Programmer	5	569.65	\$ 30,633.47
Computer Support Specialist	2	111.16	\$ 4,870.18
Executive Secretaries and Exec Administrative Assistants	3	726.91	\$ 25,557.00
Graduate Teaching Assistants			
Instructional Coordinators	2	425.16	\$ 19,781.50
Managers	3	59.57	\$ 5,253.69
Office and Administrative Support Workers	7	686.11	\$ 20,874.79
Production Workers			
Secretaries and Administrative Assistants	3	716.94	\$ 26,448.27
Statistical Assistants	2	229.57	\$ 10,430.67
Training and Development Specialists	16	15075.48	\$ 873,656.28
Education Teachers, Postsecondary	1	8.00	\$ 1,008.01
<b>Grand Total</b>	<b>46.00</b>	<b>19,488.07</b>	<b>1,060,046.56</b>

Name of person who prepared this report: Donna L. Scuto  
 Preparer's Signature:   
 Title: Associate VP for Sponsored Programs  
 Date Prepared: 04/26/2017 Phone # 716-878-6700, ext. 5

**State Consultant Services  
Contractor's Annual Employment Report  
Report Period: April 1, 2016 to March 31, 2017**

Contracting State Agency Name: NYS OCFS

3400000

Contract Number: HBITS - PH65768  
Contract Term: : 11/01/2012 to 10/31/2017  
Contractor Name: Computer Aid, Inc.  
Contractor Address: 1390 Ridgeview Drive, Allentown, PA 18104  
Description of Services Being Provided: IT Consulting Services

**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	Hours	Amount Payable under Contract
Software Quality Assurance Engineers and Testers 15-1199.01	1	1,824.00	\$85,819.24
Business Intelligence Analyst 15-1199.08	1	231.00	\$8,232.84
<b>Total</b>	<b>2</b>	<b>2,055.00</b>	<b>\$94,052.08</b>

Name of person who prepared this report: Tammy Harper

Preparer's Signature: 

Title: Sr. Director, Operations

Date Prepared: 05/12/2017

Use additional pages if necessary)

OSC Use Only:  
 Reporting Code:  
 Category Code:

**State Consultant Services  
 Contractor's Annual Employment Report  
 Report Period: April 1, 2016 to March 31, 2017**

Contracting State Agency Name: ITS.OCFS Agency Code: 34000000  
 Contract Number: PH65773  
 Contract Term: 10/01/2012 to 09/30/2017  
 Contractor Name: IIT Inc  
 Contractor Address: 6 CORNISH COURT, SUITE 101, HUNTINGTON STATION, NY 11746  
 Description of Services Being Provided: IT Services

**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
15-1131.00 Computer Programmers	7	15313.75	1104250.423
Total this page	7	15313.75	1104250.423
<b>Grand Total</b>	<b>7</b>	<b>15313.75</b>	<b>1104250.423</b>

Name of person who prepared this report: Dinesh Gulati  
 Preparer's Signature: Dinesh  
 Title: Managing Director Phone #: 631-254-8600 215  
 Date Prepared: 4/27/2017

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, 2016 to March 31, 2017**

Contracting State Agency Name: NYS OCFS Agency Code: 34000000  
Contract Number: **PH65773**  
Contract Term: 10/01/2012 to 09/30/2017  
Contractor Name: IIT Inc  
Contractor Address: **6 CORNISH COURT, SUITE 101, HUNTINGTON STATION, NY 11746**  
Description of Services Being Provided: **IT Services**

**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
15-1121.00 Computer Systems Analysts	9	11555.75	817789.5325
15-1131.00 Computer Programmers	6	11413	895403.1
Total this page	15	22968.75	1713192.633
<b>Grand Total</b>	<b>15</b>	<b>22968.75</b>	<b>1713192.633</b>

Name of person who prepared this report: Dinesh Gulati

Preparer's Signature: Dinesh

Title: Managing Director

Phone #: 631-254-8600 215

Date Prepared: 4/27/2017

Use additional pages if necessary)

**FORM B**

**New York State Consultant Services**  
**Contractor's Annual Employment Report**  
 Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)  
 Contract Number: **PH65776** Agency Business Unit:  
 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: **3400000**  
 Contractor Name: **Knowledge Builders Inc.**  
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**  
 Description of Services Being Provided: **Business Analyst**

**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
15-1121	1	1,840	\$134,320.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,840	\$134,320.00
<b>Grand Total</b>	1	1,840	\$134,320.00

Name of person who prepared this report: **Sanjay Kapalli**Title: **Executive Vice President**Phone #: **518-810-7478**Preparer's Signature: \_\_\_\_\_ *K. Kapalli* \_\_\_\_\_Date Prepared: **04/25/2017**

(Use additional pages, if necessary)

**FORM B**

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

Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)  
 Contract Number: **PH65776** Agency Business Unit:  
 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: **3400000**  
 Contractor Name: **Knowledge Builders Inc.**  
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**  
 Description of Services Being Provided: **Programmer**

**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
15-1132	4	6,921.75	\$451,551.57
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	4	6,921.75	\$451,551.57
<b>Grand Total</b>	4	6,921.75	\$451,551.57

Name of person who prepared this report: **Sanjay Kapalli**

Title: **Executive Vice President**

Phone #: **518-810-7478**

Preparer's Signature: \_\_\_\_\_ *K. Sanjay* \_\_\_\_\_

Date Prepared: **04/25/2017**

**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)  
 Contract Number: **PH65776** Agency Business Unit:  
 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: **3400000**  
 Contractor Name: **Knowledge Builders Inc.**  
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**  
 Description of Services Being Provided: **Project Manager**

**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
15-1199.09	2	1,709	\$156,935.74
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,709	\$156,935.74
<b>Grand Total</b>	2	1,709	\$156,935.74

Name of person who prepared this report: **Sanjay Kapalli**

Title: **Executive Vice President**

Phone #: **518-810-7478**

Preparer's Signature: \_\_\_\_\_ *Sanjay* \_\_\_\_\_

Date Prepared: **04/25/2017**



**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)  
 Contract Number: **PH65776** Agency Business Unit:  
 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: **3400000**  
 Contractor Name: **Knowledge Builders Inc.**  
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**  
 Description of Services Being Provided: **Specialist**

**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
15-1132	5	8,562.75	\$450,486.31
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	5	8,562.75	\$450,486.31
<b>Grand Total</b>	5	8,562.75	\$450,486.31

Name of person who prepared this report: **Sanjay Kapalli**Title: **Executive Vice President**Phone #: **518-810-7478**

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

*Sanjay*Date Prepared: **04/25/2017**

**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS Office of Children and Family Services (OCFS)  
 Contract Number: **PH65776** Agency Business Unit:  
 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: **3400000**  
 Contractor Name: **Knowledge Builders Inc.**  
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**  
 Description of Services Being Provided: Technical Architect

**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
15-1199.02	3	5,177.25	\$442,277.24
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	5,177.25	\$442,277.24
<b>Grand Total</b>	2	5,177.25	\$442,277.24

Name of person who prepared this report: **Sanjay Kapalli**Title: **Executive Vice President**Phone #: **518-810-7478**

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

*Sanjay*Date Prepared: **04/25/2017**

**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS Office of Children & Family Services (OCFS)  
 Contract Number: **PH65776** Agency Business Unit:  
 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: **3400000**  
 Contractor Name: **Knowledge Builders Inc.**  
 Contractor Address: **1977 Western Avenue; Ste #1; Albany, NY - 12203**  
 Description of Services Being Provided: **Tester**

**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
15-1121	1	506.75	\$25,808.80
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	506.75	\$25,808.80
<b>Grand Total</b>	1	506.75	\$25,808.80

Name of person who prepared this report: **Sanjay Kapalli**Title: **Executive Vice President**Phone #: **518-810-7478**Preparer's Signature: \_\_\_\_\_ *K. Sanjay* \_\_\_\_\_Date Prepared: **04/25/2017**

FORM B

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

**State Consultant Services  
 Contractor's Annual Employment Report  
 Report Period: April 1, 2016 to March 31, 2017**

Contracting State Agency Name: ~~OSDAX~~ CFS      Agency Code: ~~25000~~ 340000  
 Contract Number: PH65780  
 Contract Term: 11/1/12 to 10/31/17  
 Contractor Name: MVP Consulting Plus, Inc.  
 Contractor Address: 435 New Karner Road Albany, NY 12205  
 Description of Services Being Provided: Computer Consulting (Various)

**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
15-1131.00	1	957.5	\$70,855.00
Total this page			
Grand Total	1	957.5	\$70,855.00

Name of person who prepared this report: Ilakumari N. Patel  
 Preparer's Signature: *IN Patel*  
 Title: CEO/CFO      Phone #: 518-218-1700  
 Date Prepared: 4/10/17

FORM B

OSC Use Only:

Reporting Code:

Category Code:

**State Consultant Services  
Contractor's Annual Employment Report  
Report Period: April 1, 2016 to March 31, 2017**

Contracting State Agency Name: ITS/Office of Children & Family Services  
 Agency Code: ~~28000~~ 3400000  
 Contract Number: PH65780  
 Contract Term: 11/1/12 to 10/31/17  
 Contractor Name: MVP Consulting Plus, Inc.  
 Contractor Address: 435 New Karner Road Albany, NY 12205  
 Description of Services Being Provided: Computer Consulting (Various)

**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
15-1131.00	1	1510	\$111,740.00
	1	1609.8	\$119,121.50
	1	1586.3	\$106,088.40
	1	1906	\$127,473.28
	1	1999	\$147,926.00
	1	1996.5	\$147,741.00
	1	1972	\$131,887.36
15-1151.00	1	1813.5	\$156,867.75
15-1121.00	1	1805.5	\$106,271.74
<b>Total this page</b>			
<b>Grand Total</b>	<b>9</b>	<b>16198.6</b>	<b>\$1,155,117.03</b>

Name of person who prepared this report: Ilakumari N. Patel

Preparer's Signature: *IN Patel*

Title: CEO/CFO

Phone #: 518-218-1700

Date Prepared: 4/14/17

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, 2016 to March 31, 2017**

Contracting State Agency Name: Office of Children & Family Services  
 Agency Code: ~~25000~~ 3400000  
 Contract Number: PH65780  
 Contract Term: 11/1/12 to 10/31/17  
 Contractor Name: MVP Consulting Plus, Inc.  
 Contractor Address: 435 New Karner Road Albany, NY 12205  
 Description of Services Being Provided: Computer Consulting (Various)

**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
15-1121.00	1	384	\$19,004.16
	1	408	\$30,563.28
	1	1847.8	\$108,758.58
	1	1909	\$143,003.19
	1	672	\$33,680.64
	1	8	\$606.80
15-1199.09	1	1792.3	\$146,247.60
	1	1998	\$163,036.80
	1	1921	\$136,198.90
	1	1896.5	\$154,754.40
	1	1707.8	\$121,079.48
15-1151.00	1	2008	\$173,692.00
	1	1944.8	\$168,220.88
<b>Total this page</b>	<b>13</b>	<b>18497.2</b>	<b>\$1,398,846.71</b>
<b>Grand Total</b>			

Name of person who prepared this report: Ilakumari N. Patel

Preparer's Signature: *IN Patel*

Title: CEO/CFO

Phone #: 518-218-1700

Date Prepared: 4/18/17

Use additional pages if necessary)

Page 1 of 3

FORM B

OSC Use Only:  
Reporting Code:  
Category Code:

**State Consultant Services  
Contractor's Annual Employment Report  
Report Period: April 1, 2016 to March 31, 2017**

Contracting State Agency Name: Office of Children & Family Services  
Agency Code: ~~28000~~ 3400000  
Contract Number: PH65780  
Contract Term: 11/1/12 to 10/31/17  
Contractor Name: MVP Consulting Plus, Inc.  
Contractor Address: 435 New Karner Road Albany, NY 12205  
Description of Services Being Provided: Computer Consulting (Various)

**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
15-1131.00	1	1376	\$101,824.00
	1	1832	\$135,568.00
	1	1500	\$111,000.00
	1	1844	\$136,456.00
	1	1828.8	\$122,306.80
	1	1383.5	\$102,379.00
	1	463.5	\$34,730.06
	2	2002.5	\$148,185.00
	1	348	\$25,752.00
	1	272	\$18,191.36
	1	1300.5	\$96,237.00
	1	216	\$16,184.88
	1	482	\$35,668.00
Total this page	14	14848.8	\$1,084,482.10
Grand Total			

Name of person who prepared this report: Ilakumari N. Patel

Preparer's Signature: *IN Patel*

Date Prepared: 4/18/17

Phone #: 518 218 1900

Use additional pages if necessary)

Page 2 of 3

**FORM B****OSC Use Only:**

Reporting Code:

Category Code:

**State Consultant Services  
Contractor's Annual Employment Report  
Report Period: April 1, 2016 to March 31, 2017**

Contracting State Agency Name: Office of Children & Family Services  
 Agency Code: ~~25000~~ 3400000  
 Contract Number: PH65780  
 Contract Term: 11/1/12 to 10/31/17  
 Contractor Name: MVP Consulting Plus, Inc.  
 Contractor Address: 435 New Karner Road Albany, NY 12205  
 Description of Services Being Provided: Computer Consulting (Various)

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

Analysis  Evaluation  Research  Training   
 Data Processing  Computer Programming  Other IT consulting X  
 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
15-1199.02	1	1636	\$138,242.00
<b>Total this page</b>	<b>1</b>	<b>1636</b>	<b>\$138,242.00</b>
<b>Grand Total</b>	<b>28</b>	<b>34982</b>	<b>\$2,621,570.81</b>

Name of person who prepared this report: Ilakumari N. Patel

Preparer's Signature: *IN Patel*

Title: CEO/CFO

Phone #: 518-218-1700

Date Prepared: 4/18/17

Use additional pages if necessary)

Page 3 of 3



**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: Office of Children & Family Services  
 Contract Number: **PH 65782** Agency Business Unit: CFS01  
 Contract Term: 11/01/2012 to 10/30/2017 Agency Department ID: 3400000  
 Contractor Name: **PSI INTERNATIONAL Inc.**  
 Contractor Address: **4000 Legato Road, Suite 850 Fairfax VA 22033**  
 Description of Services Being Provided: **IT Services**

**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
Business Analyst - Expert	3	5,688.00	\$415,243.70
Business Analyst - Junior	1	1,723.00	\$71,297.74
Business Analyst - Senior	19	24,888.50	\$1,546,664.60
Programmer - Senior	3	876.00	\$57,518.16
Programmer Expert	19	30,409.25	\$2,360,365.99
Project Manager-Expert	1	1,920.50	\$181,986.58
Specialist - Expert	4	5,781.00	\$414,326.73
Specialist-Mid Level	17	31,492.00	\$1,628,306.57
Technical Architect-Expert	1	1,841.00	\$162,192.10
Total this Page	68	104,619.25	\$6,837,902.16
<b>Grand Total</b>	68	104,619.25	\$6,837,902.16

Name of person who prepared this report: Paul Kwon

Title: CFO

Phone #: 703-621-5850

Preparer's Signature: 

Date Prepared: 05/12/2017


**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2016 to March 31, 2017

Contracting State Agency Name: NYS OCFS  
 Contract Number: PR65774 Agency Business Unit:  
 Contract Term: 04/01/2016 to 03/31/2017 Agency Department ID: **340000**  
 Contractor Name: InfoPeople Corporation  
 Contractor Address: 450 Seventh Avenue, Suite 1106, NY NY 10123  
 Description of Services Being Provided: IT Staff Augmentation Services

**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
15-1133.00 Software Developer/Systems Software	1.00	1,232.50	\$59,985.78
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,232.50	\$59,985.78
<b>Grand Total</b>			

Name of person who prepared this report: Douglas Bernstein  
 Title: VP Phone #: 646-790-8252  
 Preparer's Signature:   
 Date Prepared: 4/27/2017



<b>OSC Use Only:</b>
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

**NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 20 16 TO MARCH 31, 20 17

FORM D

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000  
 Contract Number: SO10146  
 Contract Term: 10/1/11 to 9/30/16  
 Contractor Name: Bruce H. David, DO  
 Contractor Address: 400 E. 89th St, Apt 8J, N.Y., N.Y. 10128  
 Description of Services Being Provided: Psychiatric Services

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

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Analysis                          | <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Research               | <input type="checkbox"/> Training        |
| <input type="checkbox"/> Data Processing                   | <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Other IT consulting    | <input type="checkbox"/> Engineering     |
| <input type="checkbox"/> Architect Services                | <input type="checkbox"/> Surveying            | <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Mental Health Services | <input type="checkbox"/> Accounting           | <input type="checkbox"/> Auditing               | <input type="checkbox"/> Paralegal       |
| <input type="checkbox"/> Legal                             | <input type="checkbox"/> Other Consulting     |   |  |

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
<u>Psychiatrist</u> <u>29-1066.00</u>	<u>1</u>	<u>258</u>	<u>\$51,600</u>
<b>Total this page</b>	<u>1</u> <u>0</u>	<u>258</u> <u>0</u>	<u>\$51,600</u> <u>\$ 0.00</u>
<b>Grand Total</b>	<u>1</u>	<u>258</u>	<u>\$51,600</u>

Name of person who prepared this report: Bruce H. David, DO  
 Title: Psychiatrist Phone #: 347 302 8034  
 Preparer's Signature: [Signature]  
 Date Prepared: 4/28/17

OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

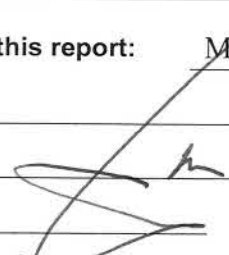
**FORM B**

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 340000  
 Contract Number: S010149  
 Contract Term: 12/01/11 to 11/30/16  
 Contractor Name: Mark Cattalani  
 Contractor Address: 28 East Street  
 Description of Services Being Provided: Psychiatric Services

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00 Psychiatrist	1	212	\$42,287.50
<b>Total this page</b>	1	212	\$42,287.50
<b>Grand Total</b>	1	212	\$42,287.50

Name of person who prepared this report: Mark Cattalani  
 Title: MD Phone #: 617-365-2817  
 Preparer's Signature:   
 Date Prepared: 6/10/17  
 (Use additional pages, if necessary)

**OCS Use Only:**  
 Reporting Code: \_\_\_\_\_  
 Category Code: \_\_\_\_\_  
 Date Contract Approved: \_\_\_\_\_

**NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES**  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
 REPORT PERIOD: APRIL 1, 20 16 TO MARCH 31, 20 17

FORM B

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000  
 Contract Number: 5010153  
 Contract Term: 5/1/13 to 4/30/18  
 Contractor Name: Bruce H. David, P.O.  
 Contractor Address: 400 E. 89th St., N.Y., N.Y. 10128  
 Description of Services Being Provided: Psychiatric Services

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
<u>Psychiatrist</u> <u>29-1066.00</u>	<u>1</u>	<u>460</u>	<u>\$92,000</u>
<b>Total this page</b>	<u>1</u> <u>0</u>	<u>460</u> <u>0</u>	<u>\$92,000</u> <u>\$ 0.00</u>
<b>Grand Total</b>	<u>1</u>	<u>460</u>	<u>\$92,000</u>

Name of person who prepared this report: Bruce H. David, P.O.  
 Title: Psychiatrist Phone #: 349 302 8034  
 Preparer's Signature: [Signature]  
 Date Prepared: 4/28/17

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

<b>Contracting State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contract Number:</b> <u>S010159</u>	
<b>Contract Term:</b> <u>04/01/2016 to 03/31/2017</u>	
<b>Contractor Name:</b> <u>Ian S. Goldberg, M.D.</u>	
<b>Contractor Address:</b> <u>156 87th Street, Brooklyn, NY 11209</u>	
<b>Description of Services Being Provided:</b> <u>Mental Health Services</u>	

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00	1	400	\$160.00
<b>Total this page</b>	1	400	\$64,063.00
<b>Grand Total</b>			

**Name of person who prepared this report:** Ian S. Goldberg, M.D.

**Title:** Psychiatrist      **Phone #:** (917) 975-5259

**Preparer's Signature:** *Ian S. Goldberg M.D.*

**Date Prepared:** 06/14/2017

(Use additional pages, if necessary)

**OSC Use Only:**  
 Reporting Code: \_\_\_\_\_  
 Category Code: \_\_\_\_\_  
 Date Contract Approved: \_\_\_\_\_

**NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
 STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD  
 REPORT PERIOD: APRIL 1, 20 16 TO MARCH 31, 20 17**

FORM B

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000  
 Contract Number: 5010191  
 Contract Term: 12/15/16 to 11/30/19  
 Contractor Name: Bruce H. Davis, DO  
 Contractor Address: 400 E. 89th St. N.Y. N.Y. 10128  
 Description of Services Being Provided: Psychiatric Services

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1	155	✓ 38,750
<b>Total this page</b>	1	155	✓ 38,750 0.00
<b>Grand Total</b>	1	155	✓ 38,750

Name of person who prepared this report: Bruce H. Davis, DO  
 Title: Psychiatrist Phone #: 349 302 8034  
 Preparer's Signature: [Signature]  
 Date Prepared: 4/18/17



OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 340000  
 Contract Number: S010192  
 Contract Term: 02/01/17 to 12/31/21  
 Contractor Name: Mark Cattalani  
 Contractor Address: 28 East Street  
 Description of Services Being Provided: Psychiatric Services

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00 Psychiatrist	1	56	\$11,868.00
<b>Total this page</b>	1	56	\$11,868.00
<b>Grand Total</b>	1	56	11,868.00

Name of person who prepared this report: Mark Cattalani  
 Title: MD Phone #: 617-365-2817  
 Preparer's Signature:   
 Date Prepared: 6/01/17  
 (Use additional pages, if necessary) Page of

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 20 16 TO MARCH 31, 20 17

**FORM B**

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contract Number: <u>T011819</u>	
Contract Term: <u>311116 to 2128119</u>	
Contractor Name: <u>NANCY LEDERMAN</u>	
Contractor Address: <u>55 WEST 14TH ST, NEW YORK, NY 10011</u>	
Description of Services Being Provided: <u>CONTRACT HEARING OFFICER</u>	

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
<u>23-1021.00</u>	<u>0</u>	<u>600</u>	<u>\$ 26,800-</u>
<b>Total this page</b>	0	0	\$ 0.00
<b>Grand Total</b>	0	600	\$ 26,800-

Name of person who prepared this report: NANCY LEDERMAN

Title: CONTRACT HEARING OFFICER Phone #: 212 242-5482

Preparer's Signature: Nancy Lederman

Date Prepared: 5/22/17

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

<b>Contracting State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>340000</u>
<b>Contract Number:</b> <u>T011822</u>	
<b>Contract Term:</b> <u>3/01/2016 to 2/28/2019</u>	
<b>Contractor Name:</b> <u>Craig Tessler, Esq.</u>	
<b>Contractor Address:</b> <u>100 Bennett Ave. 6A, New York, NY 10033</u>	
<b>Description of Services Being Provided:</b> <u>Contract Hearing Officer</u>	

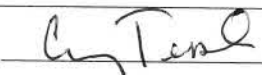
**Scope of Contract (Choose one that best fits):**

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
23-1021.00	1	750	\$35,050.00
<b>Total this page</b>	1	750	\$35,050.00
<b>Grand Total</b>			

**Name of person who prepared this report:** Craig Tessler

**Title:** Sole Proprietor **Phone #:** 212-929-1888

**Preparer's Signature:** 

**Date Prepared:** 5/19/2017

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

<b>Contracting State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contract Number:</b> <u>TØ11825</u>	
<b>Contract Term:</b> <u>3/1/2016 to 2/28/2019</u>	
<b>Contractor Name:</b> <u>Michael P. McKeating</u>	
<b>Contractor Address:</b> <u>436 Hammocks Drive Orchard Park, New York 14127</u>	
<b>Description of Services Being Provided:</b> <u>Conduct Child Abuse and Maltreatment Hearings; Write Decisions</u>	

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
23-1021.00	1	421	\$26,500.00
<b>Total this page</b>	1	421	\$26,500.00
<b>Grand Total</b>			

**Name of person who prepared this report:** Michael P. McKeating

**Title:** Hearing Officer **Phone #:** 716-228-5129

**Preparer's Signature:** *Michael P. McKeating*

**Date Prepared:** 5/20/2017

**OSC Use Only:**

Reporting Code: \_\_\_\_\_

Category Code: \_\_\_\_\_

Date Contract Approved: \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**

REPORT PERIOD: APRIL 1, 20 16 TO MARCH 31, 20 17

FORM B

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000  
 Contract Number: T011826  
 Contract Term: 4/1/16 to 3/31/17  
 Contractor Name: Diane Ciccone  
 Contractor Address: 1 Penn Lyle Rd Princeton Junction NJ 08550  
 Description of Services Being Provided: contract hearing officer

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

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Analysis               | <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Research               | <input type="checkbox"/> Training        |
| <input type="checkbox"/> Data Processing        | <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Other IT consulting    | <input type="checkbox"/> Engineering     |
| <input type="checkbox"/> Architect Services     | <input type="checkbox"/> Surveying            | <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Accounting           | <input type="checkbox"/> Auditing               | <input type="checkbox"/> Paralegal       |
| <input checked="" type="checkbox"/> Legal       | <input type="checkbox"/> Other Consulting     |   |  |

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
<u>23-1021.00</u>	<u>1</u>	<u>200</u>	<u>51,072</u>
<b>Total this page</b>	<u>0</u>	<u>0</u>	<u>\$ 0.00</u>
<b>Grand Total</b>			

Name of person who prepared this report: Diane Ciccone  
 Title: contract hearing officer Phone #: 212-227-1489  
 Preparer's Signature: Diane Ciccone  
 Date Prepared: 5/19/17

(Use additional pages, if necessary)

NYS OSC  
MAILROOM

JUN 21 2017

REC'D-249

<b>OSC Use Only:</b>
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

FORM B

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000  
 Contract Number: TO11849  
 Contract Term: 6/1/2016 to 5/31/2017  
 Contractor Name: NATIONAL EYE CARE, INC.  
 Contractor Address: 2264 SARANAC AVENUE, LAKE PLACID, NY 12946  
 Description of Services Being Provided: OPTOMETRY SERVICES INCLUDING EYEGLASSES

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1041.00	5	192	\$32,614.15
<b>Total this page</b>	0	0	\$32,614.15 \$ 0.00
<b>Grand Total</b>			\$32,614.15

Name of person who prepared this report: DANA A. BAKER  
 Title: OFFICE MANAGER Phone #: 518-302-5578  
 Preparer's Signature: Dana A Baker  
 Date Prepared: 6/16/2017

**OSC Use Only:**  
 Reporting Code: \_\_\_\_\_  
 Category Code: \_\_\_\_\_  
 Date Contract Approved: \_\_\_\_\_

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
 REPORT PERIOD: APRIL 1, 20 16 TO MARCH 31, 20 17

FORM B

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000  
 Contract Number: T011876  
 Contract Term: 10/1/2016 to 12/31/2016  
 Contractor Name: Bruce H. David, D.O.  
 Contractor Address: 400 E. 89th St. Apt. 3J, N.Y., N.Y. 10128  
 Description of Services Being Provided: Psychiatric Services

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
<u>Psychiatrist</u> <u>29-1066.00</u>	<u>1</u>	<u>128</u>	<u>\$32,000</u>
<b>Total this page</b>	<u>1</u>	<u>128</u>	<u>\$32,000</u>
<b>Grand Total</b>	<u>1</u>	<u>128</u>	<u>\$32,000</u>

Name of person who prepared this report: Bruce H. David, D.O.  
 Title: Psychiatrist Phone #: \_\_\_\_\_  
 Preparer's Signature: [Signature]  
 Date Prepared: 4/18/17

OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

<b>Contracting State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>340000</u>
<b>Contract Number:</b> <u>T011878</u>	
<b>Contract Term:</b> <u>12/01/16 to 01/31/17</u>	
<b>Contractor Name:</b> <u>Mark Cattalani</u>	
<b>Contractor Address:</b> <u>28 East Street</u>	
<b>Description of Services Being Provided:</b> <u>Psychiatric Services</u>	

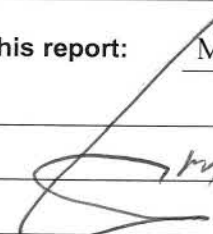
**Scope of Contract (Choose one that best fits):**

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00 Psychiatrist	1	48	\$10,080.00
<b>Total this page</b>	1	48	\$10,080.00
<b>Grand Total</b>	1	48	10,080.00

**Name of person who prepared this report:** Mark Cattalani

**Title:** MD **Phone #:** 617-365-2817

**Preparer's Signature:** 

**Date Prepared:** 6/01/17



OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

**FORM B**

<b>Contracting State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>340000</u>
<b>Contract Number:</b> <u>T011879</u>	
<b>Contract Term:</b> <u>12/01/2016 to 01/31/2017</u>	
<b>Contractor Name:</b> <u>Henry D. Gerson, M.D., P.C.</u>	
<b>Contractor Address:</b> <u>310 Taughannock Blvd., 3rd Floor, Ithaca, NY 14850</u>	
<b>Description of Services Being Provided:</b> <u>Psychiatric Services</u>	

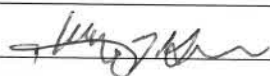
**Scope of Contract (Choose one that best fits):**

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
29-1066.00	1	130	\$43,717.50
<b>Total this page</b>	1	130	\$43,717.50
<b>Grand Total</b>	1	130	\$43,717.50

**Name of person who prepared this report:** Henry D. Gerson

**Title:** President **Phone #:** 917-539-0445

**Preparer's Signature:** 

**Date Prepared:** 05/29/2017

OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017


**FORM B**

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 340000  
 Contract Number: TC11892  
 Contract Term: 02/15/2017 to 02/28/2019  
 Contractor Name: Dean S. Puleo, Esq.  
 Contractor Address: 2130 Clinton Street, Buffalo, NY 14206  
 Description of Services Being Provided: Admin. Law Judge

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
23-1021-00 Admin. LAW Judge	0	0	0
<b>Total this page</b>	0	0	\$ 0.00
<b>Grand Total</b>		0	\$0.00

Name of person who prepared this report: Dean S. Puleo  
 Title: Owner Phone #: 716-768-1298  
 Preparer's Signature:   
 Date Prepared: 05/25/2017

**OSC Use Only:**

Reporting Code: \_\_\_\_\_

Category Code: \_\_\_\_\_

Date Contract Approved: \_\_\_\_\_

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
 REPORT PERIOD: APRIL 1, 20 16 TO MARCH 31, 20 17

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000

Contract Number: TS 10175 aka TS 00001

Contract Term: 5/1/16 to 2/28/19

Contractor Name: Gillian A. Hirsch

Contractor Address: 3 Thames Way, Saratoga Springs, NY 12866

Description of Services Being Provided: Contract Hearing Officer

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
<u>23-1021.00</u>	<u>1</u>	<u>123</u>	<u>\$6,702.14</u>
<b>Total this page</b>	<b>0</b>	<b>0</b>	<b>\$ 0.00</b>
<b>Grand Total</b>	<b>1</b>	<b>123</b>	<b>\$6,702.14</b>

Name of person who prepared this report: Gillian A. Hirsch

Title: Contract hearing officer Phone #: 518 526 965

Preparer's Signature: Gillian A. Hirsch

Date Prepared: 4/26/17

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
Date Contract Approved:	_____

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATE CONSULTANT SERVICES - CONTRACTOR'S ANNUAL EMPLOYMENT RECORD**  
REPORT PERIOD: APRIL 1, 2016 TO MARCH 31, 2017

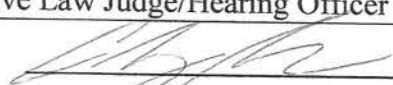
**FORM B**

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 340000  
 Contract Number: TS10176  
 Contract Term: 5/01/2016 to 2/28/2019  
 Contractor Name: Carolyn Laredo  
 Contractor Address: 4 Canyon Court, Highland Mills, New York 10930  
 Description of Services Being Provided: Hearing officer

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

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT consulting	<input type="checkbox"/> Engineering
<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
23-1021.00	1	<b>8</b>	<i>500.00</i>
<b>Total this page</b>			\$ 500.00
<b>Grand Total</b>			500.00

Name of person who prepared this report: Carolyn Laredo  
 Title: Administrative Law Judge/Hearing Officer Phone #: 8456391836  
 Preparer's Signature:   
 Date Prepared: 05/17/2017

(Use additional pages, if necessary)