

Children & Family Services

3400000


FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: C026923 Agency Business Unit: CFS01
 Contract Term: 7/01/13 to 06/30/18 Agency Department ID: 3400000
 Contractor Name: Nursefinders
 Contractor Address: PO BOX 910738 Dallas, TX 75391
 Description of Services Being Provided: Nursing

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
Registered Nurses	4	434.00	\$23,870.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	4.00	434.00	\$23,870.00
Grand Total	4.00	434	\$23,870.00

Name of person who prepared this report: Maisie Hillenbrandt
 Title: Branch Director Phone #: 518-458-2778
 Preparer's Signature: 
 Date Prepared: 5/03/2018

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: CO26926 Agency Business Unit: CFS01
 Contract Term: 7/10/13 to 6/30/2018 Agency Department ID: 3400000
 Contractor Name: Total Healthcare Staffing
 Contractor Address: 2527 Merrick Rd Bellmore NY 11710
 Description of Services Being Provided:
Medical

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
<u>29-1141.00</u>	<u>2</u>	<u>547.50</u>	<u>52 per hour</u>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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			<u>\$28,470.^{00/100}</u>

Name of person who prepared this report: Heather Grieser
 Title: Director of Fiscal Services Phone #: 516-409-9211
 Preparer's Signature: H Grieser
 Date Prepared: 4/20/2018

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, 2017 TO MARCH 31, 2018

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>340000</u>
Contract Number: <u>CO27777</u>	
Contract Term: <u>03/31/2017 to 03/30/2018</u>	
Contractor Name: <u>Cornell University</u>	
Contractor Address: <u>373 Pine Tree Rd., Ithaca NY 14850</u>	
Description of Services Being Provided: <u>Therapeutic Crisis Intervention Training and Technical Assistance</u>	

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input checked="" 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 type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting		

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
25-9099.00	17	4,844	\$231,890.00
*See OCFS-4842 Form A for explanation of hours.			
Total this page	17	4,844	\$231,890.00
Grand Total	17	4,844	\$231,890.00

Name of person who prepared this report: Kristen Carlison

Title: Program Assistant **Phone #:** 607-255-5440

Preparer's Signature: *Kristen Carlison*

Date Prepared: 05/14/2018

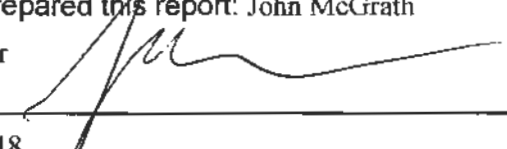
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: C027793 Agency Business Unit: CFS01
 Contract Term: 06/01/2016 to 05/31/2019 Agency Department ID: 3400000
 Contractor Name: YAWS Environmental Process Control
 Contractor Address: PO Box 4796, Ithaca, NY 14852
 Description of Services Being Provided: Wastewater operations

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
Refuse and recyclable material collectors	9.00	6,624.00	\$122176.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	9.00	6,624.00	\$122,176.00
Grand Total	9.00	6,624	\$122,176.00

Name of person who prepared this report: John McGrath
 Title: Operations Manager Phone #: 607-423-4129
 Preparer's Signature: 
 Date Prepared: 4/20/2018

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, 2017 TO MARCH 31, 2018

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contract Number: <u>C027801</u>	
Contract Term: <u>3/1/2016 to 2/28/2021</u>	
Contractor Name: <u>Western New York Speech-Language Pathology, OT and PT Consultants, PLLC</u>	
Contractor Address: <u>590 Fishers Station Dr, Suite 130, Victor, NY 14564</u>	
Description of Services Being Provided: <u>Speech Therapy and Language Development 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 http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
25-2054.00	1	192	\$26,325.00
29-1127.00	1	92	\$12,946.94
Total this page	2	284	\$39,271.94
Grand Total			

Name of person who prepared this report: Christine Marzano

Title: Business Office **Phone #:** 585-924-7207

Preparer's Signature: *Christine Marzano*

Date Prepared: 4/3/2018

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: C027866 Agency Business Unit: CFS01
 Contract Term: 06/15/2017 to 06/14/2018 Agency Department ID: 3400000
 Contractor Name: CBH Medical PC
 Contractor Address: 980 Harvest Drive, Blue Bell, PA 19422
 Description of Services Being Provided: Medical 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
29-1065.00 (Pediatrician)	0.20	488.50	\$36,166.00
29-1071.00 (Physician Assistant)	1.00	2,127.25	\$135,200.00
29-1141.01 (Registered Nurse)	4.80	7,357.75	\$413,358.00
43-9061.00 (Clerical Support)	0.60	1,137.00	\$22,122.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	6.60	11,110.50	\$606,846.00
Grand Total	6.60	11,110	\$606,846.00

Name of person who prepared this report: Kathryn D Schrader

Title: Assistant Controller, CMC, Inc. Authorized Agent

Phone #: 215-542-5800

Preparer's Signature: 

Date Prepared: 05/07/2018

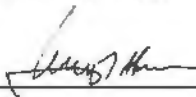
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children and Family Services
 Contract Number: C027987 Agency Business Unit: CFS01
 Contract Term: 03/01/2017 to 12/31/2021 Agency Department ID: 3400000
 Contractor Name: Henry D. Gerson, M.D., P.C.
 Contractor Address: 310 Taughannock Blvd., 3rd Floor Ithaca, NY 14850
 Description of Services Being Provided: Psychiatric 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
29-1066.00	1.00	939.40	\$314,712.40
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	939.40	\$314,712.40
Grand Total	1.00	939	\$314,712.40

Name of person who prepared this report: Henry Gerson
 Title: President Phone #: 917-539-0445
 Preparer's Signature: 
 Date Prepared: 4/16/2018

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: C028006 Agency Business Unit: CFS01
 Contract Term: 7/01/2017 to 6/30/2020 Agency Department ID: 3400000
 Contractor Name: Trillium Psychiatry, PLLC
 Contractor Address: 200 TRILLIUM LN ALBANY NY 12203
 Description of Services Being Provided: Psychiatry Consulting

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
Psychiatrist 29-1066.00	1.00	359.88	\$120,563.20
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1.00	359.88	\$120,563.20

Name of person who prepared this report: Igor Epstein

Title: Psychiatrist

Phone #: 518-350-7070

Preparer's Signature: 

Date Prepared: 4/17/2018

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NYS OCFS Agency Code: 3400000
Contract Number: PH65773
Contract Term: 10/01/2012 to 09/30/2018
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	8	9099.25	643378.16
15-1131.00 Computer Programmers	8	8660.75	694263.57
Total this page	16	17760.00	1337641.74
Grand Total	16	17760.00	1337641.74

Name of person who prepared this report: Dinesh Gujati
Preparer's Signature: *Dinesh Gujati*
Title: Managing Director Phone #: 631-254-8600 215
Date Prepared: 4/17/2018

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, 2017 to March 31, 2018**

Contracting State Agency Name: ITS.OCFS Agency Code: 3400000
Contract Number: PH65773
Contract Term: 10/01/2012 to 09/30/2018
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	5	4640.25	339315.33
Total this page	5	4640.25	339315.33
Grand Total	5	4640.25	339315.33

Name of person who prepared this report: Dinesh Gulati
Preparer's Signature: *Dinesh Gulati*
Title: Managing Director Phone #: 631-254-8600 215
Date Prepared: 4/17/2018

Use additional pages if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

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	1,417.00	\$103,441.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,417.00	\$103,441.00
Grand Total	1	1,417.00	\$103,441.00

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

Title: **Executive Vice President**

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

Preparer's Signature: _____ *Sanjay Kapalli* _____

Date Prepared: **04/18/2018**

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

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	1	1,165.00	\$95,413.50
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1	1,165.00	\$95,413.50
Grand Total	1	1,165.00	\$95,413.50

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

Title: **Executive Vice President**

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

Preparer's Signature: _____

Sanjay Kapalli

Date Prepared: **04/18/2018**

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

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	7	8,534.75	\$449,013.20
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	7	8,534.75	\$449,013.20
Grand Total	7	8,534.75	\$449,013.20

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

Title: **Executive Vice President**

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

Preparer's Signature: _____

Sanjay Kapali

Date Prepared: **04/18/2018**

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children & Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 11/1/2012 to 10/31/18 Agency Department ID:
 Contractor Name: MVP Consulting Plus, Inc. 3400000
 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	1.00	56.00	\$4,569.60
	1.00	231.00	\$18,849.60
	1.00	666.00	\$47,219.40
	1.00	475.00	\$38,760.00
	1.00	989.00	\$70,120.10
	1.00	1,724.00	\$142,454.12
	1.00	1,750.00	\$144,561.19
	1.00	1,136.00	\$93,867.68
15-1151.00	1.00	240.00	\$20,760.00
	1.00	1,240.00	\$107,260.00
15-1131.00	1.00	864.00	\$63,936.00
	1.00	773.00	\$57,202.00
	1.00	970.00	\$71,780.00
Total this Page	13.00	11,114.00	\$881,339.69
Grand Total			

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

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: Ilakumari N. Patel

Date Prepared: 4/17/2018

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children & Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 11/1/2012 to 10/31/18 Agency Department ID:
 Contractor Name: MVP Consulting Plus, Inc. 3400000
 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	1.00	1,259.00	\$84,185.20
	1.00	1,277.00	\$94,461.00
	2.00	1,913.00	\$141,525.00
	1.00	1,805.00	\$135,211.19
	1.00	456.50	\$33,781.00
	1.00	2,008.00	\$150,459.44
	1.00	1,438.00	\$107,711.88
	1.00	1,008.00	\$75,529.44
	1.00	949.80	\$71,164.77
	1.00	952.00	\$71,333.36
	1.00	674.00	\$50,502.82
	1.00	571.30	\$38,690.76
15-1121.00	1.00	1,028.00	\$77,007.48
Total this Page	14.00	15,339.60	\$1,131,563.34
Grand Total			

Name of person who prepared this report: Ilakumari N. Patel
 Title: CEO/CFO Phone #: 518-218-1700
 Preparer's Signature: IN Patel
 Date Prepared: 4/17/2018

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children & Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 11/1/2012 to 10/31/18 Agency Department ID:
 Contractor Name: MVP Consulting Plus, Inc. 3480000
 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	2.00	1,110.00	\$55,620.67
	1.00	420.00	\$31,857.00
15-1199.02	1.00	2,046.00	\$172,844.75
15-1199.01	1.00	391.00	\$19,065.16
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	5.00	3,967.00	\$279,387.58
Grand Total	32.00	30,420	\$2,292,290.61

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

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: IN Patel

Date Prepared: 4/17/2018

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: ITS/Office of Children & Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 11/1/2012 to 10/31/18 Agency Department ID: *3400000*
 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	1.00	198.50	\$14,689.00
	1.00	918.80	\$61,446.00
	1.00	960.00	\$71,040.00
	1.00	1,039.00	\$76,886.00
	1.00	1,398.00	\$93,464.80
15-1151.00	1.00	920.50	\$79,623.25
15-1121.00	1.00	771.30	\$45,395.78
	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
Total this Page	7.00	6,206.10	\$442,544.83
Grand Total	7.00	6,206	\$442,544.83

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

Title: CEO/CFO

Phone #: 518-218-1700

Preparer's Signature: *Ilakumari N. Patel*

Date Prepared: 4/16/2018

FORM B


OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2017 to March 31, 2018**

Contracting State Agency Name: Office of Children & Family Services Agency Code: 3400000
Contract Number: PH65781
Contract Term: 11/1/2012 to 10/31/2018
Contractor Name: Precision Task Group
Contractor Address: 9801 Westheimer Suite 803
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
Programmer	1	520	\$36,238.80
Total this page	1	520	\$36,238.80
Grand Total	1	520	\$36,238.80

Name of person who prepared this report: Michael Baudler
Preparer's Signature: 
Title: CFO Phone #: 713-787-1112
Date Prepared: 5/9/2018

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of Children & Family Services
 Contract Number: **PH 65782** Agency Business Unit: CFS01
 Contract Term: 11/01/2012 to 10/31/2018 Agency Department ID: 3400000
 Contractor Name: **PSI INTERNATIONAL Inc.**
 Contractor Address: **11200 Waples Mill Road, Suite 200 Fairfax VA 22030**
 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

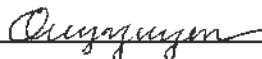
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Business Analyst - Expert	7	5,880.00	\$428,037.60
Business Analyst - Junior	3	1,727.10	\$71,467.40
Business Analyst - Senior	24	21,582.30	\$1,338,748.08
Programmer - Expert	28	26,613.25	\$2,065,720.47
Programmer - Senior	2	1,318.50	\$86,572.71
Project Manager - Expert	2	1,926.50	\$182,555.14
Specialist - Expert	3	2,071.25	\$163,590.75
Specialist-Mid Level	32	28,228.50	\$1,459,673.12
Specialist-Senior	1	1,698.00	\$121,339.08
Technical Architect - Expert	2	1,862.00	\$164,042.20
Tester-Senior	1	1,373.80	\$69,830.25
Total this Page	105	94,281.20	\$6,151,576.79
Grand Total	105	94,281.20	\$6,151,576.79

Name of person who prepared this report: Quy Nguyen

Title: CONTROLLER

Phone #: 703-621-5855

Preparer's Signature: _____



Date Prepared: 05/8/2018

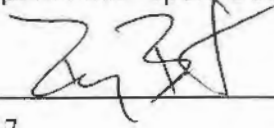
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NYS OCFS
 Contract Number: PR65774 Agency Business Unit: *CFS 01*
 Contract Term: 04/01/2017 to 03/31/2018 Agency Department ID: *3400000*
 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	1,977.00	\$96,220.59
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,977.00	\$96,220.59
Grand Total	1.00	1,977	\$96,220.59

Name of person who prepared this report: Douglas Bernstein
 Title: VP Phone #: 646-790-8252
 Preparer's Signature: 
 Date Prepared: 5/10/2017


FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: *NYS Office of Children and Family Services*
 Contract Number: *5010153* Agency Business Unit: *CF501*
 Contract Term: *5/1/13 to 4/30/18* Agency Department ID: *3400000*
 Contractor Name: *Bruce H. David, D.O.*
 Contractor Address: *400 East 89th St., Apt 8J, NY, NY 10128*
 Description of Services Being Provided: *Psychiatric 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
<i>Psychiatrist</i>	<i>1</i>	<i>501</i>	<i>\$100,200</i>
<i>29-1066.00</i>	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
	<i>0.00</i>	<i>0.00</i>	<i>\$0.00</i>
Total this Page	<i>0.00</i>	<i>0.00</i>	<i>\$ 0.00</i>
Grand Total	<i>1</i>	<i>501</i>	<i>\$100,200.00</i>

Name of person who prepared this report: *Bruce H. David, D.O.* Phone #: *347 302 8034*
 Title: *Psychiatrist*
 Preparer's Signature: 
 Date Prepared: *5/1/18*

(Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: S010159 Agency Business Unit: CFS01
 Contract Term: 8/1/2014 to 7/31/2019 Agency Department ID: 3400000
 Contractor Name: Ian S. Goldberg
 Contractor Address: 156 87th Street, Brooklyn, NY 11209
 Description of Services Being Provided: Psychiatry

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
Psychiatrist 29-1066.00	1.00	347.58	\$55,612.80
	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
	0.00	0.00	\$0.00
Total this Page	1.00	347.58	\$55,612.80
Grand Total	1.00	347	\$55,612.80

Name of person who prepared this report: Ian S. Goldberg
 Title: Psychiatrist Phone #: (917) 975-5259
 Preparer's Signature: *Ian S. Goldberg*
 Date Prepared: 05/10/2018

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 17 TO MARCH 31, 20 18

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>340000</u>
Contract Number: <u>S010161</u>	
Contract Term: <u>4/1/17 to 3/31/18</u>	
Contractor Name: <u>Snehal R Sheth MD</u>	
Contractor Address: <u>454 Country Club Lane, Kingston, NY 12401</u>	
Description of Services Being Provided: <u>Psychiatric Services</u>	

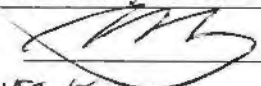
Scope of Contract (Choose one that best fits):

<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 http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1	356.25	\$67,687.50
Total this page	0	356.25	\$67,687.50 \$0.00
Grand Total		356.25	\$67,687.50

Name of person who prepared this report: Snehal R Sheth MD

Title: Child & Adolescent Psychiatrist Phone #: 845-797-5252

Preparer's Signature: 

Date Prepared: 4/1/18

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 17 TO MARCH 31, 20 18

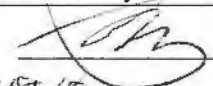
FORM B

Contracting State Agency Name: NYS Office of Children and Family Services Agency Code: 3400000
 Contract Number: S010171
 Contract Term: 4/1/17 to 3/31/18
 Contractor Name: Snehal R Sheth MD
 Contractor Address: 454 Country Club Lane, Kingston, NY 12401
 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 http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1	349.5	69,900
Total this page	0	349.5	69,900 0.00
Grand Total		349.5 hrs	\$69,900

Name of person who prepared this report: Snehal R Sheth MD
 Title: Child & Adolescent Psychiatrist Phone #: 845-797-5252
 Preparer's Signature: 
 Date Prepared: 4/18/18

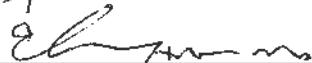
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OFFICE OF CHILDREN AND FAMILY SERVICES
 Contract Number: 5010174 Agency Business Unit: CFS01
 Contract Term: 12/1/2015 to 4/30/2020 Agency Department ID: 3400000
 Contractor Name: Elizabeth Harre
 Contractor Address: 402 Bonnie Brae Ave. Rochester, NY. 14618
 Description of Services Being Provided: Supervising Psychiatrist

- 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
29-1066.00	0.00	574.6 0.00	114,920 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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		574.6	\$114,920.00

Name of person who prepared this report: Elizabeth Harre
 Title: Supervising Psychiatrist Phone #: 347-305-4672
 Preparer's Signature: 
 Date Prepared: 5/11/2018

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2019

Contracting State Agency Name: *NY State Office of Children and Family Services*
 Contract Number: *SO10191* Agency Business Unit: *CFSE01*
 Contract Term: *12/1/16 to 11/30/19* Agency Department ID: *3400000*
 Contractor Name: *Bruce H. David, D.O.*
 Contractor Address: *400 East 89th St., Apt 8J, NY, NY 10128*
 Description of Services Being Provided: *Psychiatric 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
<i>Psychiatrist</i>	<i>1</i>	<i>582</i>	<i>\$145,250.00</i>
<i>29-1066.00</i>	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	<i>1</i>	<i>582</i>	<i>\$145,250.00</i>

Name of person who prepared this report: *Bruce H. David, D.O.* Phone #: *3473028034*
 Title: *Psychiatrist*
 Preparer's Signature: *[Signature]*
 Date Prepared: *5/1/18*

(Use additional pages, if necessary)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: S010192 Agency Business Unit:
 Contract Term: 02/01/2017 to 12/31/2021 Agency Department ID: 34600000
 Contractor Name: Mark Cattalani
 Contractor Address: 28 East Street, Skaneateles, NY 13152
 Description of Services Being Provided: Psychiatric 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
Psychiatrist 29-1066.00	1.00	324.50	\$68,145.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	324.50	\$68,145.00
Grand Total	1.00	324	\$68,145.00

Name of person who prepared this report: Mark Cattalani

Title: MD

Phone #: 617-365-2817

Preparer's Signature: 

Date Prepared: 04/19/2018 

2/2/14

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 17 TO MARCH 31, 20 18

FORM B

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

Contract Number: S0101-95

Contract Term: 4/1/17 to 3/31/18

Contractor Name: Snehal R Sheth MD

Contractor Address: 454 Country Club Lane, Kingston, NY 12401

Description of Services Being Provided: Psychiatric Services

Scope of Contract (Choose one that best fits):

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

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
Psychiatrist 29-1066.00	1		66,962.50
Total this page	0	243.5 hrs	\$66,962.50
Grand Total		243.5 hrs	\$66,962.50

Name of person who prepared this report: Snehal R Sheth MD

Title: Child & Adolescent Psychiatrist Phone #: 845-797-5252

Preparer's Signature: [Signature]

Date Prepared: 4/18/18

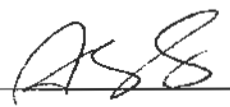
**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: OCFS
 Contract Number: T011893 Agency Business Unit: CFS01
 Contract Term: 4/1/17 to 3/31/18 Agency Department ID: 3400000
 Contractor Name: Tanya Mays MD PLLC
 Contractor Address: 39 Pleasant View Drive Hudson NY 12534
 Description of Services Being Provided: Medical - GYN Consultant

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
29-1064.00	1 0.00	47.6 0.00	8,448.88 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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 0.00	47.6 0.00	8,448.88 \$0.00
Grand Total	1	47.6	8,448.88

Name of person who prepared this report: Tanya D Mays MD
 Title: CEO/Owner
 Preparer's Signature: 
 Date Prepared: 4/30/18
 Phone #: 518 567 7405
 518 965 0145

