Upstate Medical University

3320211

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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: SUNY Upstate Medical University Agency Code: XXXXX Contract Number: C-502461 3320211 7/31/20 Contract Term: 8/1/2016 to Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center at Syracuse, Inc. Contractor Address: 750 East Adams Street, Syracuse, NY 13210 Description of Services Being Provided EKG Reading_ Scope of Contract (Choose one that best fits): Research Training 🔲 Analysis Evaluation ... Other IT consulting Data Processing Computer Programming Environmental Services Engineering [Architect Services Surveying [Health Services 🗵 Mental Health Services Accounting [Auditing [Paralegal 🔲 Legal [Other Consulting Number of Hours Number of Amount Payable **Employment Category** Under the Contract **Employees** Worked 29-1063.0 2080 \$250,358.00 Total this page **Grand Total** \$250,358.00 Name of person who prepared this report: Matthew Hutz Preparer's Signature: Title: Chief Administrator Phone #: 315-464-8282 Date Prepared: 5/14/2019

Page of

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019 Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: C-502918 and C-502919 3320211 Contract Term: 10/21/2010 to Undetermined Contractor Name: Southwest Consulting Associates LP Contractor Address: 2805 Dallas Parkway Suite 620 Plano, TX 75093 Description of Services Being Provided Medicare Disproportionate Share Reimbursement and Compliance Consulting Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training ___ Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying \(\square\) Environmental Services Health Services Mental Health Services Accounting Auditing [Paralegal Legal [Other Consulting X Number of Number of Hours Amount Payable **Employment Category** Under the Contract **Employees** Worked 43-4171.00 35 2 13-1111.00 6 30 Total this page 8 65 \$51,759.00 **Grand Total** \$51,759.00 8 65 Name of person who prepared this report: Betty Meziere Preparer's Signature: Title: CFO Phone #: 972-732-8100

Date Prepared: 05/09/2019

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OSC Use Only:	
Reporting Code:	
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Report Period: April 1, 2018 to March 31, 2019				
Contracting State Agency Name: SUN	IY Upstate Medical U	niversity Agency	y Code: XXXX	
Contract Number: C-503350	10/01/0000	•	3320211	
Contract Term: 1/1/2017 to	12/31/2022	Commetthe SIDIV I	Ingith Science Center	
Contractor Name: Department of Med	ilčilie Medicai petvice	Group at the SUNT 1	desitif Science Center	
at Syracuse, Inc	Street Streeting NV 1	2210		
Description of Services Being Provide	d Cardiology On-Cal	1 Coverage		
Description of dervices being frovide	a Cmarcios, on car	11 A0 1 27 ± 8 2		
S	hart Strik			
Scope of Contract (Choose one that Analysis Evaluation		rch 🗀	Training [
	Computer Programmi		IT consulting	
Engineering Architect Scrv			nmental Services	
Health Services		alth Services		
Accounting Auditing			Other Consulting	
Employment Category	Number of	Number of Hours	Amount Payable	
,	Employees	Worked	Under the Contract	
29-1063.0	2	4,160	\$730,000.00	
W.L. M. J. L. Harrison Harrison T.				
Total this page			#220 000 00	
Grand Total			\$730,000.00	
Name of person who prepared this rep	ort: Matthew Hutz			
Preparer's Signature:				
		DL 4. 045 404		
Title: Chief Administrator		Phone #: <u>315-464</u>	-0202	
Date Prepared: 5/14/2019				
Use additional pages if necessary)			Page of	

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Reporting Code:	
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State Consultant Services

Contrac	ctor's Annual Emplo	yment Report	
Report Pe	riod: April 1, 20 <u>18 t</u> e	March 31, 2019	
Contracting State Agency Name: <u>SUP</u> Contract Number: <u>C-503365</u> Contract Term: <u>7/1/2013</u> to Contractor Name: Department of Modat Syracuse, Inc	6/30/18 dicine Medical Service	e Group at the SUNY H	Code: X8IXX 3320211 Tealth Science Center
Contractor Address: 750 East Adams Description of Services Being Provide			
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing Other ving Environ salth Services	Training IT consulting omental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0 43-6011.00	5	2,626	\$350,690.00
Total this page		650	\$16,442.00
Name of person who prepared this rep Preparer's Signature:	ort: Matthew Hutz		\$367,132.00
Title: Chief Administrator		Phone #: <u>315-464-</u>	3282
Date Prepared: <u>5/14/2019</u> Use additional pages if necessary)			Page of

FORM B

OSC Use Only:	
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State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019

AND PRODUCTION OF THE PRODUCTI			
Contracting State Agency Name: SUI	NY Upstate Medical U	niversity Agency	Code: 281x10
Contract Number: C-503426			3320211
	12/31/2018		
Contractor Name: Upstate Urology Ir	nc		
Contractor Address: 750 East Adams			
Description of Services Being Provide	ed Staff Services		
•			
		·	
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	ion 🗌 Resear	-	Training [
Data Processing	Computer Programmi		IT consulting
Engineering Architect Serv			mental Services
Health Services		alth Services	ا نسب ا
Accounting Auditing	Paralegal [Legal 🔃	Other Consulting 🗌
	Number of	Number of Hours	Assessment December -
Employment Category	Employees	Number of Hours Worked	Amount Payable Under the Contract
29-2061 00 - LPN	Employees	1,559	\$58,860.71
31-9092.00 - MOA	6	9,360	\$230,943.86
43-6013.00 - Medical Sec	20	31199	\$954,296.45
9-I141.00 - RN	6	9360	\$379,473.82
Total this page			
Grand Total			\$1,623574.84
Name of person who prepared this rep	som: Molthou Wid-		
Land Piller	OIL IVIALLIEW MULZ		
Preparer's Signature:	•		····
Title: Chief Administrator		Phone #: <u>315-464-</u>	8282
Date Prepared: 5/14/2019			
Use additional pages if necessary)			Page of

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OSC Use Only:	
Reporting Code:	
Category Code:	

Report Per	iod: April I, 2018 to	March 31, 2019	•
Contracting State Agency Name: SUN	<u>IY Upstate Medical U</u>	<u>Iniversity</u> Agend	cy Code: XXXXX
Contract Number: C-503473	Z/5.0/10		3320211
Contract Term: 7/1/2013 to Contractor Name: Department of Med	6/30/18	Charm at the CIDIV	Maalih Caianaa Center
	icine iviedicai Service	Group at the SON I	Health October Center
at Syracuse, Inc	Street Syracuse NY	13210	
Description of Services Being Provide			
Scope of Contract (Choose one that	best fits):		
Analysis Evaluatio		rch 🔲	Training [
	Computer Programm	ing 🔲 Othe	r IT consulting 🔲
Engineering Architect Servi		-	onmental Services
Health Services ⊠		alth Services 🔲	
Accounting Auditing	Paralegal 🗌	Legal	Other Consulting
B 1	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1063.0	1	452	\$55,452.00
	0	0	\$0.00
	<u> </u>		
		u-rense web we	· · · · · · · · · · · · · · · · · · ·
	*		
Total this page			
Grand Total			\$55,452.00
Name of person who prepared this rep	ort: Matthew Hutz		
	OT IN THE PROPERTY IS A PROPERTY OF THE PARTY OF THE PART		
Preparer's Signature:			
Title: Chief Administrator		Phone #: <u>315-46</u> -	4-8282
Date Prepared: 5/14/19			
TT			- 1 1

FORM B

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Category Code:	

State Consultant Services Contractor's Annual Employment Report

Contrac	tor's Annual Emplo	yment Report	
Report Per	<u>iod: April 1, 2018 to</u>	March 31, 2019	
Contracting State Agency Name: SUN Contract Number: C-503492 Contract Term: 10/1/2013 to Contractor Name: Department of Med at Syracuse, Inc_Contractor Address: 750 East Adams Description of Services Being Provide	9/30/18 licine Medical Service Street, Syracuse, NY	e Group at the SUNY H	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing Other ying Enviror ealth Services	Training Traini
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	0	884	\$137,151.00
43-6011.00		312	\$7680.00
		1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	
	, , , , , , , , , , , , , , , , , , ,		
Total this page			
Grand Total			\$144,831.00
Name of person who prepared this rep	ort: Matthew Hutz		
Title: Chief Administrator		Phone #: <u>315-464-</u>	8282
Date Prepared: 5/14/2019			
•		·	

Use additional pages if necessary)

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FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2018 to March 31, 2019			
Contracting State Agency Name: SUI	VY Upstate Medical L	Iniversity Agency	Code: XXXX
Contract Number: C-503753			3320211
Contract Term: 9/1/2014 to	8/31/2019	- Charles of this fit	antal Calana Camer
Contractor Name: Department of Med at Syracuse, Inc.		-	
Contractor Address: 750 East Adams	Street Syracuse, NY	13210	
Description of Services Being Provide	d Quality Officer		
		,	
			•
L		1	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing Other I ring Environ ealth Services	Training IT consulting Imental Services Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
<u> </u>	Employees	Worked	Under the Contract
29-1063.0	0	1,040	\$147,547.00
	:		
		,	
· · · · · · · · · · · · · · · · · · ·			
Total this page			
Grand Total			\$147,547.00
Name of person who prepared this rep	ort: <u>Matthew Hutz</u>		
Title: Chief Administrator		Phone #: 315-464-8	- 2282
Date Prepared: 5/14/2019		JEUE	
Use additional pages if necessary)		S	Page of

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Reporting Code:
Category Code:

	State Consultant Se	rriore	
Contrac	ctor's Annual Emplo		
	riod: April 1, 2018 to	-	
Acport Fe	(100: April 1, 2010 ti	5 MARCH 31, 2017	
Contracting State Agency Name: SUR Contract Number: C-503863 Contract Term: 6/1/2015 to Contractor Name: Department of Med at Syracuse, Inc_ Contractor Address: 750 East Adams	5/31/2020 dicine Medical Service	e Group at the SUNY H	3320211 Jealth Science Center
Description of Services Being Provide			
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on Resea Computer Programm ices Survey Mental He	ving ☐ Environealth Services ☐	Training IT consulting Immental Services Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
29-1063.00	Employees 3	Worked 6,864	Under the Contract \$1,248,128.00
			100
Total this page			
Grand Total			\$1,248,128.00
Name of person who prepared this rep	ort: Matthew Hutz		•
Preparer's Signature:			*-
Title: Chief Administrator		Phone #: 315-464-8	3282
Date Prepared: 5/14/2019		**************************************	
Use additional pages if necessary)			Page of

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name:	Suny Upstate	Medical University	
Contract Number: C503948		Agency Business U	nit:
Contract Term: 10/1/2016 to 04/3	0/2017	Agency Department	ID: 322021/
Contractor Name: Datrose			
Contractor Address: 660 Basket Roa	•		
Description of Services Being Provide	ed: Temp Medic	cal Staffing Services	
	4 624-1		
Scope of Contract (Choose one that b Analysis Evaluation Re	est rits): search Tra	inina	
Data Processing Computer Pro		Other IT consulting	
Engineering Architect Services		-	Continos
☐ Health Services ☐ Mental Health) LI Environmental	Services
	ralegal 🔲 Leg	rol Dthor Consul	tina
AccountingAdditing	T	gal	ung
Employment Category	Number of	Number of Hours Worked	Amount Payable
	Employees		Under the Contract
No Activity	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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			
L			

Name of person who prepared this report: Wendy Jones

Title: VP Administration
Preparer's Signature: _

Date Prepared: 5/8/2019

Phone #: 585-217-0240

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Contracting State Agency Name: SUN Contract Number: C-503963 Contract Term: 1/20/2015 to 12/31/202 Contractor Name: Department of Mcd at Syracuse, Inc	0 icine Medical Service	Group at the SUNY He	
Contractor Address: 750 East Adams Description of Services Being Provided	Street, Syracuse, NY d Nurse Practitioners	1321 0	
Analysis	Computer Programmi ices Survey Mental He Paralegal S	ng Other ing Enviror alth Services Legal	Training IT consulting Imental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			\$237056
	ort: Matthew Hutz		
Name of person who prepared this rep. Preparer's Signature:	ort: Matthew Hutz		***************************************

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 19

Contracting State Agency Name: SUN	NY Upstate Medical U	niversity Agency	Code: XXXXX
Contract Number: C-503988			3320211
Contract Term: 4/4/2016 to	3/31/2021		
Contractor Name: Upstate Urology In	C NN/	12210	
Contractor Address: 750 East Adams Description of Services Being Provide			
Description of SetAices Being Floatide	d Orologist		
1		<u></u>	
Scope of Contract (Choose one that			.
Analysis Evaluati			Training
Data Processing Engineering Architect Serv	Computer Programmi ices Survey		IT consulting mental Services
Health Services		alth Services	illicittai pervices [
Accounting Auditing			Other Consulting [
Funla mont Catagoria	Number of	Number of Hours	Amount Payable
Employment Category	Employees	Worked	Under the Contract
29-1063.00	0	124	\$42,984.00
			\$0.00
Total this page	·		,
Grand Total			\$42,984.00
Name of person who prepared this rep	ort: Matthew Hutz		
I.D. CIA	ore: Middle Fidda		
		,	_
Title: Chief Administrator Phone #: 315-464-8282			8282
Date Prepared: 5/14/2019			•
Use additional pages if necessary)			Page of

FORM B

OSC Use Only:	•
Reporting Code:	
Category Code:	

Report Period: April 1, 2018 to March 31, 2019			
Contracting State Agency Name: SUN Contract Number: C-504039 Contract Term: 7/1/201 to 6/30/2 Contractor Name: Department of Mediat Syracuse, Inc Contractor Address: 750 East Adams Description of Services Being Provide	NY Upstate Medical U 2022 licine Medical Service Street, Syracuse, NY	University Agency Concord at the SUNY I	
Health Services	on Resea Computer Programm ices Survey Mental He	alth Services	Training Training Training onmental Services
Accounting Auditing Employment Category	Number of	Number of Hours	Other Consulting Amount Payable
	Employees	Worked	Under the Contract
29-1063.00	7	14,560	\$2,023,272.00
29-1071.00	9.5	19,836	\$1,405,051.00
	H.M. Harrison to the Market		
Total this page			
Grand Total			\$3,428,323.00
<u></u>	\$ 5 - est	<u> </u>	p3,420,323.00
Name of person who prepared this rep Preparer's Signature:	ort: Matthew Hulz		
Freparci s Signature.			
Title: Chief Administrator		Phone #: 315-464	-8282
Date Prepared: <u>5/14/2019</u>			
Use additional pages if necessary)			Page of

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Period: April 1, 2018 to March 31, 2019			
		T 1	A 1 YEARS MAG
Contracting State Agency Name: SUI	NY Upstate Medical U	Iniversity Agency	Code: XXXXX
Contract Number: C-504042	4/10/0000		3320211
Contract Term: 4/13/2017 to Contractor Name: Department of Med	<u>4/12/2020</u> dising Madical Comic	a Cropp at the SUNIV II	Isalth Cainnes Contor
at Syracuse, Inc	nome Medical Service	e Group at the SONY H	leafur Science Center
Contractor Address: 750 East Adams	Street Simposes NV	13210	
Description of Services Being Provide			
, , , , , , , , , , , , , , , , , , ,		-14283444 <u>-</u>	
Scope of Contract (Choose one that			· · · · · · · · · · · · · · · · · ·
Analysis Evaluati		rch 🗌	Training [
Data Processing Engineering Architect Serv	Computer Programm		IT consulting mental Services
Health Services		ealth Services	imental Services
Accounting Auditing	Paralegal		Other Consulting
Accounting	Taraicgai	LAgai L	Office Consuming [
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1063.0	1	2,080	\$323,237.00
**			
	,		
Total this page			
Grand Total		· · · · · · · · · · · · · · · · · · ·	\$323,222,00
Name of person who prepared this rep	ort: Matthew Hutz		
Preparer's Signature:			.
Title: Chief Administrator		Phone #: 315-464-	- B282
Date Prepared: 5/14/2019			
Use additional pages if necessary)			Page of
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Reporting Code:	
Category Code:	

Contra	State Consultant Se actor's Annual Emplo	· · · · · ·	
Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019			
Contractor Name: Department of Me at Syracuse, Inc	7/31/2019 dicine Medical Service	e Group at the SUNY I	y Code: XXXXXX 3320211 Health Science Center
Contractor Address: 750 East Adams Description of Services Being Provide	Street, Syracuse, NY	13210	
	- Intolinists infoliogi	Director	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm rices Survey Mental He Paralegal	ing Other ying Environ ealth Services	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	0	728	\$92,257.00
			\ \tag{\text{\tin}\text{\tett{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\texi}\tint{\text{\texi}\tint{\text{\ti}\tint{\text{\text{\text{\text{\texi}\tint{\text{\texit{\text{\tin\tint{\text{\tin}\tint{\tin}\tint{\text{\texi}\tint{\text{\ti}
Total this page			
Grand Total			000 045 00
			\$92,257.00
Name of person who prepared this repo	ort: Matthew Hutz		······································
Title: Chief Administrator		Phone #: 315-464-8	- 1989
Date Prepared: 5/14/2019		1 HOLLO # - D 10-404-8	202
Use additional pages if necessary)			Page of

FORM B

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Report Period: April 1, 2018 to March 31, 2019			
Contracting State Agency Name: SUN Contract Number: C-504095 Contract Term: 7/1/2016 to Contractor Name: Department of Mediat Syracuse, Inc Contractor Address: 750 East Adams Description of Services Being Provide	IY Upstate Medical U 6/30/2020 licine Medical Scrvice Street, Syracuse, NY	niversity Agency Group at the SUNY H	
Scope of Contract (Choose one that Analysis	on Reseat Computer Programmices Survey	ing Other ring Enviror ealth Services	Training IT consulting Immental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	0	1,185	\$146,125.00
	•		
			,
Total this page			
Grand Total			\$146125.00
Name of person who prepared this rep Preparer's Signature:	ort: Matthew Hutz		<u> </u>
Title: Chief Administrator		Phone #: 315-464-	8282
Date Prepared: 5/4/2019			

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		OSC Use Only Reporting Cod	/ ·
FORM B		Category Code	
Charles and the second			
	onsultant Sorvices		
Contractor's A	inual Employment R	eport	
Report Period: April	1,0018 to March	31, <u>2019</u>	With the second
Business Unit State of NY Department Name	Upstate Medical U	rivereity Deserte	277.11
Contract No: C-504/05	L STOCKER THOUSENED OF	treisity Departs	nent ID#: 3320211
Contract Term: 12 5 2016 to 9 30	2021		
Contractor Name: First Choice Sta	elina .		
Contractor Address: 7525 Morgan 3600		190 100 100 100 100 100 100 100 100 100	
Description of Services Description of Services Description			
The same of the sa	for suny sp	eciulized to	sient Program
Scope of Contract (Choose one that best Fite)			
A [A pmm]		-	
Analysis Evaluation	Research	. Ti	raining 🔲
Data Processing Computer Programming	Other	IT Consulting	
Engineering Architect Services	Surveying 🔲	Environmental	Services
	Health Services [ц
Accounting Auditing Paralog	al [] Legal	Oth	er Consulting
Employment Category	Number of)	
	Employees	Number of Hours Worked	Amount Payable Under the Contract
Education, Haministrators, All others		43	83,573. (aca
Education, training, + library workers, All other	<u> </u>	15, 814, 75	³ 332, 55 7, 15
	(!)	<u>nia</u>	#2,534.25
			Market 1
			
THE SECTION OF THE SE			
Total ISE. L. S.			and the state of t
Total This Page Grand Total			
Towns Attend	145	15,857.75	\$338,365
Nome of the state	111		·
Name of Person who Prepared This Report Area	Nabirger		
Title: Sarvisor			
Date Prepared: 5/14/2019 Use additional pages if necessary	Phone :	4: 315-453-	25.25
LIRA ACCIDANAL MAGAS (Francis			

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FORM B

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Reporting Code:	
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Contra	State Consultant Se ctor's Annual Emplo		·
	riod: April 1, 2018 to	-	
Contracting State Agency Name: SUI Contract Number: C504140 Contract Term: 8/11/2016 to Contractor Name: Department of Medat Syracuse, Inc	NY Upstate Medical L 8/10/2021	<u>Jniversity</u> Agency	Code: XXXX 3320211 Tealth Science Center
Contractor Address: 750 East Adams Description of Services Being Provide			
Scope of Contract (Choose one that Analysis	on Resear Computer Programm rices Survey Mental He	ving DEnvironealth Services D	Training IT consulting Immental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page Grand Total		624	\$110,000.00
Name of person who prepared the rep Preparer's Signature:	ort: Matthew Hutz		
Title: Chief Administrator Date Prepared: 5/14/2019		Phone #: <u>315-464-</u> 1	<u>8282</u>
Use additional pages if necessary)	·		Page of

To:	Page	5	of

Exhibit Y FORM B		OSC Use Reportin Category	g Code:
Haraca Caraca Carac	State Consultant Seactor's Annual Emploreriod: April 1, 2018 t	syment Report	
Contracting State Agency Name: St. Contract Number: C504256 Contract Term: 4/1/18 to 3/31 Contractor Name: Analysts Internatic Contractor Address: Duluth, Georgia Description of Services Being Provide	/19 onal Corporation d b a a 30096	AIC	y Code: 28X XIX
Scope of Contract (Choose one that Analysis	ion Resea Computer Programm vices Surve Mental H	ying Environealth Services	Training IT consulting Inmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
31-9097.00	1	636	\$12,494.50
29-2061.00	1	52	\$1,540.30
29-2031.00	1	497	\$16,526.95
39-9021.00	2	3,337	\$63,350.50
Total this page	5	4,522	\$93,912.25
Grand Total	5	4,522	\$93,912.25
Name of person who prepared this rep Preparer's Signature:	port: Linda Steele		
Title: Market Manager Phone #; 315 726 2501			
Date Prepared: 5/13/19 Use additional pages if necessary)			Page 1 of 1

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OSC Use Only:	
Reporting Code:	
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State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: <u>SU</u> Contract Number: <u>C-504257</u>	NY Upstate Medical I	Jniversity Agency	Code: 28x10xx
Contract Term: 5.1.2017 to	4,30,2020		3320211
Contractor Name: AMN Healthcare,		,	
Contractor Address: 12400 High Blu		'A (3515A)	
Description of Services Being Provide			**************************************
Description of Services Being Floyide	a remporary ricaim	care starring	**************************************
Scope of Contract (Choose one that Analysis Evaluati			
Data Processing	on Resea Computer Programm	- Comment	Training [
Engineering Architect Serv			IT consulting
Health Services		alth Services	mental Services
Accounting Auditing	Paralegal		Other Consulting
	i araicgai [_]	rwkar 🗀	Outer Consumning [_]
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1141.00 Registered Nurses	46	26,895	2,184,753.04
29-2034.00 CT Tech/Rad Tech	1	56	\$4,510.69
29-2099,00 EEG Tech	2	4,211	\$277,227.44
29-2011.03 Histotechnologist	1	724	\$45,713.36
29-2033.00 Nuclear Medicince			
Tech	1	514	\$40,625.75
29-1122.00 Occupational			
Therapist	Approximately to the transfer to the commence of the commence	1,982	\$110,589.07
29-1123.00 Physical Therapist	3	1.755	\$120,831.78
29-2099.06 Radiologic Tech	2	2,114	\$169,481.64
29-1126,00 Respiratory Therapist	5	4,228	\$307,043.39
29-2032.00 Sonographer -			
Diagnostic OB GYN	1	284	\$22,518.36
29-1127.00 Speech Language			
Pathologist	. 1	452	\$31,120,21
29-2055.00 Surgical Technologist	1	509	\$28,684,49
	<u> </u>		
Total this page	71	43,723	\$3,343,099.22
Grand Total	71	43,723	\$3,343,099.22
Name of person who prepared this rep	ort: Debbie Nance		
Preparer's Signature:	The state of the s	Arter promise prompted as a	ACCESS OF THE PARTY OF THE PART
opus i o Digitataro			

Date Prepared: 05/12/2019

Use additional pages if necessary)

Title: Senior Sales Support Specialist

Page 1 of 1

Phone #: 877.363.6440

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: SU	NY Upstate Medical I	<u>Jniversity</u> Agency	y Code: 28X NO X
Contract Number: C-504258			3320211
	4/30/2020	•	
Contractor Name: Aya Healthcare, In	C.		
Contractor Address: 5930 Cornerston	e Court West #300, S	an Diego, CA 92121	
Description of Services Being Provide	ed Temporary Clinica	al Staffing	
Scope of Contract (Choose one that	hact fite).		
Analysis Evaluati		rch 🗌	Thereign and I
Data Processing	Computer Programm		Training IT consulting
Engineering Architect Serv			nmental Services
Health Services 🖂		ealth Services	unental Services
Accounting Auditing			O41 C14i
/ Addring	i araicgai [regai [_]	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-2054	2	1,693	\$105,151.27
29-2032	2	1398.00	\$106,317.83
29-1141	45	27638.75	\$2,186,308.80
	·		
Total this page	49	30,730	\$2,397,777.90
Grand Total	49	30,730	\$2,397,777.90

Name of person who prepared this report: Kelly Von Hagen	
Preparer's Signature: Selle lon Hugen	
Title: Director of Facility Contracts	Phone #: 858-525-0366
Date Prepared: <u>05/13/2019</u>	
Use additional pages if necessary)	Page 1 of 1

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

1 topottic	110a. April 1, 2010 ti	0 March 31, 2019	
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110			
Contract Term: <u>5/1/2017</u> to	4/20/2020		3320211
Contractor Names Ave Healthann In	4/30/2020		
Contractor Name: Aya Healthcare, In	ic	G + 00101	
Contractor Address: 5930 Cornerston	ie Ct. W. #300 San Di	ego, CA 92121	
Description of Services Being Provide	ed Healthcare Staffin	g	· · · · · · · · · · · · · · · · · · ·
Scope of Contract (Choose one that	hast fits).		
Analysis Evaluati		rch 🗌	
Data Processing			Training [
Engineering Architect Serv	Computer Programm		IT consulting
Health Services		/ing Environ	nmental Services
	Paralegal	ealth Services	01 0 11 🖂
Additing	raralegai 🔛	Legal	Other Consulting
	Number of	Number of Hours	Amount Doughla
Employment Category	Employees	Worked	Amount Payable
29-1141.00 Registered Nurses	127	27,672	Under the Contract
29-2032.00 Diagnostic Medical	121	27,072	\$2,187,237.60
Sonographers	5	1 207	6100 105 70
29-2054.00 Respiratory Therapy	3	1,397	\$100,195.79
Technicians	7	1 602	\$40E 4E4 07
		1,693	\$105,151.27
1000			
Total this page	120	20762	
	139	30763	\$2,392,584.66
Grand Total	139	30,763	\$2,392,584.66
Name of person who prepared this rep	ort: Amber Zeeb		
Preparer's Signature:	Zob		_
Title: VP, Employee Experience	<u></u>	Phone #: 858-550-	7107
Date Prepared: <u>05/08/2019</u>			
Use additional pages if pages and			

Use additional pages if necessary)

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, to March 31,

Contracting State Agency Name: SUR Contract Number: C-504261 Contract Term: May 01 2017 to Contractor Name: Cross Country Stat Contractor Address: 6551 Park of Contr	April 30 2020 ffing Inc mmerce Blvd Boca R ed temporary clinica s, Mental Health Aide ger, RN C NA, RN IO Med Surg, RN Teler , Anesthesia Tech, Ec	aton, FL 33487	B Tech, Physician PACU, ICU Float, t Partum, RN Psych, ab Tech.
Physical Therapist, Physical Therapist Respiratory Therapist, Sonographer, S	Assistant, Radiation	Therapist, Radiologic 1	l'echnologist
- Toophatory Thorapist, Sonographor, S	peech Language Fau	ologist	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Surve Mental He Paralegal	ing Other ying Environ ealth Services Legal	Training IT consulting nmental Services Other Consulting
Employment Category	Number of Employees	Number of Hours	Amount Payable
29-1071.01 Anesthesiologist	Employees	Worked	Under the Contract
Assistant	2	1,488	\$66,993.75
29-2099.06 Radiologic Assistant	7	4,342	\$351,872.36
29-2012.00 Medical and Clinical			
Laboratory Technician	1	382	\$28,210.08
29-2099.07 Surgical Assistant 29-1141.00 Registered Nurse	1	733	\$44,859.60
29-1141.00 Negistered Nuise	49	34,891	\$2,786,838.75
T-4-141			
Total this page	60	41838.08	3278774.54
Grand Total	60	41,838	\$3.278.774.54

Name of person who prepared this report: Daniele Addis

Exhibit Y		OSC Us	e Only:		
FORM B		Reportin	g Code:		
FORM B		Category	Code:		
State Consultant Services					
1	ctor's Annual Empl				
Report Pe	riod: April 1, 2018 (o March 31, 2019			
Contracting State Agency Name: SU Contract Number: C-504264 Contract Term: May 1, 2017 to Contractor Name: Fastaff, LLC		<u>University</u> Agency	y Code: 28XIVX 3320211		
Contractor Address: 5700 S. Quebec	-		······································		
Greenwood Vill Description of Services Being Provide	age, CO 80111	orany healthcare narco	anal		
	or a recomment of temp	orary nearthcare person	mici		
Scope of Contract (Choose one that Analysis Evaluati Data Processing Engineering Architect Serv Health Services Accounting Auditing	on Reseated Computer Programmices Surve	ing COther ying Enviror ealth Services C	Training IT consulting Immental Services Other Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Healthcare personnel-registered nurses	0	0			
Huldes	<u> </u>	U	\$0.00		
		-			
Total this page	0	0	0		
Grand Total	Ö	0	\$0.00		
Name of person who prepared this repo	ort: Susan Juhola		P44344		
Preparer's Signature:	Moa	•	na.		
Title: Contract Manager / Corporate	e Paralegal	Phone #: 720-921-3	8840		
Date Prepared: <u>05/10/2019</u>					
Use additional pages if necessary)			Page 1 of 1		

Contract Number: C-504267
Contract Term: 5/1/17 to 4/30/20

To:

Contracting State Agency Name: SUNY Upstate Medical University

Page: 2 of 3

Agency Code: 38110x

Exhibit Y	OSC Use Only:
FORM B	Reporting Code: Category Code:
· S	State Consultant Services
Contract	or's Annual Employment Report
Report Perio	od: April 1, 2018 to March 31, 2019

Contractor Name: Healthcare Staffin	g Professionals, Inc		
Contractor Address: 6914 Canby Ave	enue, Suite 109 Reseda	a, CA 91335	
Description of Services Being Provide	ed Temp Staffing Ser	vices (Sitters)	
			•
Scope of Contract (Choose one that	hact fite).		
Analysis Evaluati	**********	rch 🗍	Training [
Data Processing	Computer Programm		IT consulting
Engineering Architect Serv			nmental Services
Health Services		alth Services	innental Dol vices []
Accounting Auditing		Legal 🔲	Other Consulting
<u> </u>			
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
Nursing Assistant (Sitter)	11		\$141,298.48

		\	
A			
		<u> </u>	
Total this page	11		\$141,298.48
Grand Total	11		\$141,298.48

Preparer's Signature:	oleo
Title: Vice President of Staffing	Phone #: 818-921-3126
Date Prepared: 05/09/2019	

Use additional pages if necessary)

Page 1 of 1

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Report Per	riod: April 1, 2018 to	March 31, 2019	
Contracting State Agency Name: SUN Contract Number: C-504272 Contract Term: May 1, 2017 to Contractor Name: Professional Placer Contractor Address: 333 First Street N Description of Services Being Provide	April 30, 2020 ment Resources, LLC North, Suite 200, Jacks	sonville Beach, FL 322	Code: <u>28110</u> 3320211 50
Scope of Contract (Choose one that Analysis	on Resear Computer Programmi ices Survey	ing Other ring Environ alth Services	Training IT consulting Immental Services Other Consulting
Employment Category	Number of	Number of Hours Worked	Amount Payable
Temporary Medical Personnel	Employees 20	15,672	Under the Contract \$1,173,610.58
Total this page	^^		
Grand Total	20	15,672	\$1,173,610.58
Name of person who prepared this report Preparer's Signature:	ort: Melissa Kirkland	<u></u>	
Title: Senior Client Account Manage	jer	Phone #: 866-519-	5038
Date Prepared: 5/9/19			
Use additional pages if necessary)			Page 1 of 1

EXHIBIT Y

FORM B

New York State Consultant Serv	ices
Contractor's Annual Employment	Report
Report Period: April 1, 2018 to March 31	2010

		<u> Neport F</u>	enou; Apri	11, 2018 to 1	March 31	, <u>2019</u>	
Contracting State Ap	jency Name:	Suni	belt Staffing,	LLC	***************************************		
Contract Number:		C-50)4276		Agency B	usiness Unit:	28110
Contract Term: 05	/01/2017	tó	04/30/2020)	Agency D	epartment ID;	3320211
Contractor Name:	Sunbelt S	Staffing, LI	LC				
Contractor Address:	3687 Tan	npa Road	, Ste 200, O	ldsmar, FL 346	377		
Description of Service	es Being Pr	ovided	Temporary	Clinical Staffii	ng Service	5	
Scope of Contract (C	hoose one t	hat best l	Fits)				
Analysis	☐ Eveluat	tion		Research		☐ Training	
☐ Data Processing	Comput	ter Progra	ımming	Other IT C	onsulting		
Engineering	☐ Archited	ct Service	8	☐ Surveying	_	☐ Environmer	ntal Services
Health Services	Mental	Health Se	rvices			terminal and the state of the state of	1001 AM 41669
☐ Accounting	Auditing	9	Paraleg	aì	☐ Legal		Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1071.01	5	5552	\$ 399,744.00
29-1141.00	52	45,990.25	\$ 3,745,793.70
29-1141,01	2	311.75	1 1 10 10 10 10
29-1141.03	15	12,340.75	
29-2016.00	2	59.75	1 102 1017, 10
29-2034.00	3	2,080,68	evel-ev
29-2055.00	6	5032.92	120,022,01
31-9093.00	2	807.25	
		007.20	\$ 42,138.45
			3
			3
			35
Total This Page	67	70.470.05	. 36
Grand Total		72,175.35	\$ 5,619,482.45
Citala IVIA	87	72,175.35	\$ 5,619,482,45

Name of person who prepared this report: Jena Zander

Title: Director of Administration

Phone #: 813-792-3467

Preparer's Signature:

Date Prepared: 05/13/2049

FORM B

OSC Use Only:	 ١.
Reporting Code:	
Category Code:	

Report Per	riod: April 1, 2018 to	March 31, 2019	· .
Contracting State Agency Name: SUN Contract Number: C-504296 Contract Term: 7/1/2016 to Contractor Name: Department of Mediat Syracuse, Inc_ Contractor Address: 750 East Adams Description of Services Being Provide	6/30/2021 dicine Medical Service Street, Syracuse, NY	e Group at the SUNY H	
A 100 Marie 100			
Scope of Contract (Choose one that Analysis Evaluation Data Processing Engineering Architect Serve Health Services Accounting Auditing	on Resea Computer Programm ices Survey Mental He	ing Other ying Enviror ealth Services	Training IT consulting umental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	0	416	\$43,280.00
Total this page			
Grand Total			43280
Name of person who prepared this report Preparer's Signature:	ort: Matthew Hutz	•	
Title: Chief Administrator		Phone #: 315-464-8	3282
Date Prepared: <u>5/14/2019</u>			
Use additional pages if necessary)			Page 1 of 1

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report				
Report Period: April 1, 2018 to March 31, 2019				
Contracting State Agency Name: SUR Contract Number: C-504297 Contract Term: June 1, 2017 to Contractor Name: HealthLinx Transit Contractor Address: 1404 Goodale Bl Description of Services Being Provide program.	May 31, 2022 ional Leadership, Inc. ivd. Ste. 400 Columb d Consulting service	us, OH 43212	Code: 28110 SSA OF 17 et recognition	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ving	Training IT consulting nmental Services Other Consulting \	
Employment Category 13-1111.00	Number of Employees 2	Number of Hours Worked 242	Amount Payable Under the Contract \$100,067.50	
Total this page Grand Total	2	242	\$100,067.50	
Name of person who prepared this rep	ort: Katherine Harri	8		
Preparer's Signature:	ı/_ Kath	erine Harris		
Title: Finance Administrator	2019	.05.08 11:38:29 -04'00' Phone #: 614.375.	 1370	
Date Prepared: 05/08/2019	1 1 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	1 Holic #. <u>014.070.</u>	1070	
Use additional pages if pagescary)			Page 1 of 1	

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OSC Use Only:	
Reporting Code:	
Category Code:	

_	State Consultant Ser		
Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019			
Report Peri	00: April 1, 2016 K	1 1/18/12/1 51, 2017	
Contracting State Agency Name: SUN Contract Number: C-504300 Contract Term: 7/1/2016 to Contractor Name: Department of Medical Contractor Name:	6/30/2021		Code: 28110
at Syracuse, Inc	Street Surgonee NV	13210	
Description of Services Being Provided	Cardiologist	1,7210	
Scope of Contract (Choose one that be Analysis Devaluation Data Processing Architect Services Accounting Auditing Auditing Devaluation Auditing Devaluation Auditing Devaluation Devaluati	on Resea Computer Programm ces Survey Mental He	ing Other : ying Enviror ealth Services	Training IT consulting Imental Services Other Consulting
Employment Category	Number of	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	Employees 0	416	\$44,239.00
Total this page			
Grand Total			44,239
Name of person who prepared this repr	ort: Matthew Hutz		44,239
Title: Chief Administrator		Phone #: 315-464-	8282
Date Prepared: 5/14/2019			
Use additional pages if necessary)			Page of

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OSC Use Only:	
Reporting Code:	
Category Code:	

Contractor's Annual Employment Report			
Report Period: April 1, 2018 to March 31, 2019			
Contracting State Agency Name: SUN Contract Number: C-504354 Contract Term: 1/1/2017to Contractor Name: Department of Med at Syracuse, IncContractor Address: 750 East Adams Description of Services Being Provide	12/31/2021 licine Medical Service Street, Syracuse, NY	Group at the SUNY H	
Scope of Contract (Choose one that Analysis	on Resea Computer Programm ices Survey Mental He	ing COther ring COTHER ralth Services CO	Training IT consulting Immental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	0	1040	\$128,661.00
Total this page			
Grand Total			128661
Name of person who prepared this rep Preparer's Signature: Title: Chief Administrator Date Prepared: 5/14/2019 Use additional pages if necessary)	oort: <u>Matthew Hutz</u>	Phone #: 315-464-	

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019 Agency Code: 28110 Contracting State Agency Name: SUNY Upstate Medical University Contract Number: C-504355 2/28/2022 Contract Term: 3/1/2017 to Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center at Syracuse, Inc_ Contractor Address: 750 East Adams Street, Syracuse, NY 13210_ Description of Services Being Provided Hematology Oncology_ Scope of Contract (Choose one that best fits): Evaluation Research ___ Training ... Analysis ___ Other IT consulting Data Processing Computer Programming Environmental Services Engineering [Architect Services Surveying ... Health Services 🔀 Mental Health Services Accounting Auditing . Paralegal 🔲 Legal 🔲 Other Consulting Number of Hours Amount Payable Number of **Employment Category** Worked Under the Contract Employees 29-1063.0 1,248 \$151,243.00 0 Total this page \$151,243.00 **Grand Total** Name of person who prepared this report: Matthew Hutz

Preparer's Signature:

Title: Chief Administrator

Phone #: 315-464-8282

Date Prepared: 5/14/2019

Use additional pages if necessary)

Page of

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services			
Contractor's Annual Employment Report			
Report Period: April 1, 2017 to March 31, 2018			
Contracting State Agency Name: SUN	NY Upstate Medical U 7/31/20 licine Medical Service Street, Syracuse, NY	niversity Agency Group at the SUNY H	
Scope of Contract (Choose one that best fits): Analysis			
Employment Category 29-1063.0	Number of Employees	Number of Hours Worked 2080	Amount Payable Under the Contract \$250,358.00
23-1000.0		2000	4230,338.00
T-4-14-1			
Total this page			6050 050 00
Grand Total			\$250,358.00
Name of person who prepared this rep	port: Matthew Hutz		
Title: Chief Administrator		Phone #: 315-464-	- 8282
) hone of <u>G10-101-</u>	
Date Prepared: 5/14/2019			
Use additional pages if necessary)			Page of

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services					
Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019					
Contracting State Agency Name: <u>SU</u> Contract Number: C-504364	NY Upstate Medical I	<u>Jniversity</u> Agency	Code: 288110x		
Contract Number: <u>C-504364</u> Contract Term: <u>6/5/18</u> to <u>6/5/2</u>	2		3320211		
Contractor Name: Frost-Arnett Comp					
Contractor Address: 2105 Elm Hill P		lle. TN 37210			
Description of Services Being Provided Early Out customer service and collections					
	-				
Scope of Contract (Choose one that	best fits):		***************************************		
Analysis Evaluati		rch 🗌	Training [
Data Processing	Computer Programm		IT consulting		
Engineering Architect Serv		ying Environ	mental Services		
Health Services		ealth Services	o		
Accounting Auditing	Paralegal [Legal 🗌	Other Consulting 🛛		
Employment Category	Number of	Number of Hours	Amount Payable		
	Employees	Worked	Under the Contract		
43-3011.00	4	8,200	\$90,000.00		
	٧				

Total this page					
Grand Total	4	8,200	\$90,000.00		
Name of person who prepared this rep	ort: Jason Mever				
Preparer's Signature:					
		DI (1.045.000.1	_		
Title: CEO		Phone #: <u>615-393-8</u>	3262		
Date Prepared: <u>5/9/2019</u>					
Use additional pages if necessary)			Page 1 of 1		

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Exhibit Y		OSC Us	e Only:	
ECDM D			Reporting Code:	
FORM B		Category Code:		
	State Consultant S	£l-vices	Mi.	
Contra	ctor's Annual Empl			
	riod: April 1, 2018 1			
		WINIEU DI, ZV (9		
Contracting State Agency Name: SU)	NY Upstate Medical	University Agenc	y Code: XXIXXX	
Contract Number: <u>C-504391</u>			3320211	
Contractor Name: Accordated No.	<u>22</u>	•		
Contractor Name: Associated Medica Contractor Address: 100 Metropolitar	I Protessionals of N)	(, PLLC		
Description of Services Being Provide	i Faik Diive Live rp o I Italaev Hospital	OINY 13088		
	a croved vycobimi	Can Coverage by Orok	ogisis	
Scope of Contract (Choose one that			, <u>, , , , , , , , , , , , , , , , , , </u>	
Engineering Architect Servi Health Services Accounting Auditing		ying Environealth Services	IT consulting amental Services Other Consulting	
Employment Category	Number of Employees	Number of Hours	Amount Payable	
Urology - Hospital Call Coverage	13	Worked 5,040	Under the Contract	
		5,040	\$108,500.00	
Total this				
Total this page Grand Total	7.0			
CISHO I DUST	13	5,040	\$108,500.00	
Name of person who prepared this repo	rt: Christopher R.	Williamson		
Preparer's Signature: Nucha Rh	Allem-		· · · · · · · · · · · · · · · · · · ·	
			_	
Title: Chief Operating Officer		The M. Ode FEO C	1005	

Use additional pages if necessary)

Date Prepared: <u>5/8/2019</u>

Page 1 of 1

Use additional pages if necessary)

Page 1 of 1

Exhibit Y FORM B		OSC Use Reporting Category	Code;	
	State Consultant Se			
Contrac	ctor's Annual Emplo	oyment Report		
Report Per	iod: April 1, 2018 to	o March 31, 2019		
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: C-504392 Contract Term: 7/1/18 to 6/30/23 Contractor Name: Vera House, Inc. Contractor Address: 723 James Street, Syracuse, NY 13203 Description of Services Being Provided Sexual Assault Nurse Examiner Services				
Scope of Contract (Choose one that best fits): Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Accountants	1	107	\$2,991.00	
Chief Executives	1	116	4922,00	
Human Resources Specialists	1	109	\$3,117.00	
Registerd Nurses 15 5,045 \$100,735.00				
Total this page	□ FORMTEXT		111765.00	
Grand Total			111765.00	
Name of person who prepared this report: Colleen Kania Preparer's Signature: 1000 000 1000 10000 10000 10000 10000 10000 100000 100000 100000 100000 100000 100000 1000000				
Title: <u>Director of Finance and HR</u> Phone #: <u>315-425-0818, ext 2202</u> Date Prepared: <u>05/13/2019</u>				

FORM	В
T. CARTAI	

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services

Contractor's Annual Employment Report			
Report Period: April 1, 2018 to March 31, 2019			
Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: C-503492 Contract Term: 10/1/2013 to 9/30/18 Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center at Syracuse, Inc Contractor Address: 750 East Adams Street, Syracuse, NY 13210 Description of Services Being Provided Palliative Care services			
		1	
Scope of Contract (Choose one that Analysis	on Resear Computer Programmices Survey	ing COther I ring CEnviron ralth Services C	Training IT consulting Imental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1063.0	. 0	884	\$137,151.00
43-6011.00		312	\$7680.00
Total this page			
Grand Total			\$144,831.00
Name of person who prepared this report: Matthew Hutz Preparer's Signature:			
Title: Chief Administrator Phone #: 315-464-8282			8282
Date Prepared: 5/14/2019			
Use additional pages if necessary)			Page of

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019			
			Contracting State Agency Name: SUN Contract Number: C-503963 Contract Term: 1/20/2015 to Contractor Name: Department of Mediat Syracuse, Inc.
Contractor Address: 750 East Adams Description of Services Being Provide			
Scope of Contract (Choose one that Analysis	on Resea Computer Programmices Survey	ing Other ring Enviror alth Services	Training IT consulting Imental Services Other Consulting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page	2	4,992	\$237,056.00
Grand Total			\$237056
Name of person who prepared this rep Preparer's Signature:	ort: Matthew Hutz		
Title: Chief Administrator Date Preserved: 5/14/2019			8282
Date Prepared: 5/14/2019 Use additional pages if necessary)			Page of

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019 Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: C504140 8/10/2021 Contract Term: <u>8/11/2016</u> to Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center at Syracuse, Inc. Contractor Address: 750 East Adams Street, Syracuse, NY 13210 Description of Services Being Provided Dermatology Call Coverage Scope of Contract (Choose one that best fits): Evaluation [Analysis [Research Training ___ Data Processing Computer Programming Other IT consulting Engineering [Architect Services Surveying [Environmental Services Health Services X Mental Health Services Accounting Auditing [Paralegal ___ Legal ___ Other Consulting Number of Number of Hours Amount Payable Employment Category Employees Worked Under the Contract 29-1063.00 0 624 \$110,000.00 Total this page Grand Total \$110,000.00

Name of person who prepared this report: Matthew Hutz

Preparer's Signature:

Title: Chief Administrator

Phone #: 315-464-8282

Date Prepared: <u>5/14/2019</u>

Use additional pages if necessary)

Page of

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1,2018 to March 31,2019

Contracting State Agency Name: SUNY UPSTATE Contract Number:C-504395 Contract Term: 11 / 01/ 2017 to 11/ 30/ 2022 Agency Business Unit: Contract Term: 11 / 01/ 2017 to 11/ 30/ 2022 Agency Department ID: 3320011 Contractor Name: Continuum Systems Contractor Address: 2401 Burnet Ave. Contractor Address: Syracuse, NY 13206 Description of Services Being Provided: Vendor Management System			
	·		
Scope of Contract (Choose one that b			
☐ Analysis ☐ Evaluation ☐ Re	search 🔲 Tra	iining	
□ Data Processing	ogramming 🗀	Other IT consulting	
☐ Engineering ☐ Architect Services	Surveying	g Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Le	gal Other Consu	lting
	1	T T	I
Employment Catagory	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Employment Category	 		\$49,764.00
Software Developers & System Software	2	540	\$49,704.00
,			
		:	
Total this Page	2	540	\$49,764.00
	2	540	\$49,764.00
Grand Total	12	10-10	Ψ+0,1 0 1.00
Name of person who prepared this report: Robert Owens Title:President Preparer's Signature: Date Prepared: 05 / 01/ 2019			

FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019			
6/30/2018 licine Medical Service Street, Syracuse, NY	Group at the SUNY H	, y	
Computer Programm ices Survey Mental He	ing COther Cothe	Training IT consulting Imental Services Other Consulting	
Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
0	152	\$15,285.00	
		-	
		#16 00 # OA	
ort: Matthew Hutz	Phone #: <u>315-464-</u> i	\$15,285.00 B282	
	Number of Employees O	Agency A	

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 :SUI	NY Upstate Medical U	Iniversity Agency	Code: 28110
Contract Number: 504348 3300 10			
Contract Term: 7/1/2016 to 6/30/2020 Contractor Name: Department of Medicine Medical Service Group at the SUNY Health Science Center			
at Syracuse, Inc			
Contractor Address: 750 East Adams	Street, Syracuse, NY	13210	
Description of Services Being Provide			
	<u> </u>		
Scope of Contract (Choose one that	best fits):		
Analysis Evaluati	on 🗌 Resea		Training 🔲
Data Processing	Computer Programm		IT consulting 🔲
Engineering Architect Serv			mental Services 🔲
Health Services		ealth Services 🔲	
Accounting Auditing	Paralegal 🔲	Legal 🗌	Other Consulting
Employment Category	Number of	Number of Hours	Amount Payable
	Employees	Worked	Under the Contract
29-1063.00	0	75	\$29,809.00
1.00			
V-1			
T-1-1-AL-1-			
Total this page			
Grand Total			\$29,809.00
Name of person who prepared this rep	ort: Matthew Hutz	•	
Preparer's Signature:			
Title: Chief Administrator	1	Dhama # 045 404 4	-
	<u> </u>	Phone #: <u>315-464-</u>	5282
Date Prepared: <u>5/14/2019</u>			
Use additional pages if necessary)	,		Page of

	FORM B		Reporti	se Only: ng Code: y Code:	
	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	State Consultant Sontractor's Annual Emport Period: April 1, 2018	loyment Report		
	Contracting State Agency Name Contract Number: C504479 Contract Term: 4/1/18 to Contractor Name: Analysts Inte Contractor Address: Duluth, Ge	3/31/19 mational Corporation d b	a AIC	ey Code: 28/1/0 X 3320211	
	Description of Services Being P	rovided Healthcare staffin	ng		
	Data Processing	aluation	ying	Training IT consulting nmental Services Other Consulting	Professional regulations of the control of the cont
	Employment Category	Number of Employees	Number of Hours Worked	Amount Payable	
	29-1125.00	1	1,699	Under the Contract \$56,440.78	
	Total this page	1	1,699	\$56,440.78	The transfer
<u>.</u>	Grand Total	1	1,699	\$56,440,78	and the second second
•	Name of person who prepared this Preparer's Signature:	77		-	
	Title: Market Manager		Phone #: 315 726 2	501	
	Date Prepared: <u>5/13/19</u> Use additional pages if necessary)			Page 1 of 1	

Exhibit Y FORM B			F	OSC Use Only: Reporting Code: Category Code:	
		State Consultant Selector's Annual Emploriod: April 1, 2018 to	ment Report		
Contract No Contract Te Contractor Contractor	State Agency Name: SUI umber: C504696 erm: 4/1/18 to 3/31/ Name: Analysts Internatio Address: Duluth, Georgia of Services Being Provide	19 nal Corporation d b a 2	AIC	Agency Code: 28X XX 3320211	X
Analy Data Engineeri Health Serv Accountin	ng	on Resear Computer Programmi ices Surveyi	ıg 🗖	Other Consulting	s 🗆 g 🗆
Emp. 39-9011.00	oyment Category	Employees 1	Worked	Under the Cor	ntract
			868	\$32,204.4	9
NEMOTICO FRANCESSES DE LA CURRENT DE LA CURR	otal this page	1	868	\$32,204.49	
Name of pers Preparer's Sig	on who prepared this repo	rt: <u>Linda Steele</u>	**************************************		• .
Title: Marke	t Manager		Phone #: <u>315</u>	726 2501	·
Date Prepared	d: <u>5/13/19</u>				
Use additions	d pages if necessary)			Page 1 of 1	

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: SUNY Upstate Medical University

Contract Number: CC600826

Agency Business Unit: 28110

Contract Term: 07/01/2015 to 08/30/2020

Agency Department ID: 3320211

Contractor Name: Press Ganey Associates, Inc.

Contractor Address: 404 Columbia Place, South Bend, IN 46601 Description of Services Being Provided: Patient Experience Services

Scope of Contract (Choose one that best hts):						
☐ Analysis ☐ Evaluation ☐ Research ☐ Training						
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting						
☐ Engineering ☐ Architect Services ☐ SurveyIng ☐ Environmental Services						
Health Services Mental Health Services						
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☒ Other Consulting						
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract						
43-4051.00(Cust Serv Rep)	2.00	29.00	\$13,110.85			
43-9021.00 (Data Entry Keyers)	100,00	29.00	\$874.06			
43-9021.00 (Mail Clerk and Mall)	25.00	12.00	\$582.70			
41-3099,99 (Sales Rep) 1.00 7.00 \$4,370			\$4,370.28			
43-3021.02 (Billing Cost Clerk)	4.00	0.00	\$14.57			
19-3099.99 (Social Science and Related Worker)	4.00	3.00	\$1,456.76			
perate our business in the manner where hours are specifically allocated per person on an account basis. The information available	0.00	0.00	\$0.00			
	0.00	0.00	\$0,00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0,00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
Total this Page	136.00	80.08	\$20,409.22			
Grand Total		, , , , , , , , , , , , , , , , , , ,				

Name of person who prepared this report: Dennis Greenan

Title: Finance Director

Phone #: 800-232-8032

Preparer's Signature:

Dennis Greening

F	n.	2 1	٨	R

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019

Report Period	l: April 1, 2018 to Marc	ch 31, 2019	
Contracting State Agency Name: SUNY Upstate Contract Number: T550086 Contract Term: 1/7/2013 to Contractor Name: Fisher Associates, P.E., L Contractor Address: 180 Charlotte Street, Rock Description of Services Being Provided: Campus Communication	6/30/2020 .S., L.A., D.P.C. nester, NY 14607	Upstate Medical Unive Campus	Agency Code: 28110
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training			
Data Processing Computer Programming			
Engineering ⊠ Architect Services □ Surveying □		es 🗆	
Health Services ☐ Mental Health Services ☐			
Accounting □ Auditing □ Paralegal □ Legal □	Other Consulting		
	o a to o o o o o o o o o o o o o o o o o		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
17-2071.00 Electrical Engineers	2	20.50	the Contract \$2,684.90
17-3023.03 Electrical Engineering Technicians	1	4.00	\$290.00
17-1012.00 Landscape Architects	2	102.75	\$10,066.83
17-2051.00 Civil Engineer	5	131.00	\$19,597.70
27-1024.00 Graphic Designer	1	6.00	\$241.50
17-3019.00 Drafters, All Others	1	41.50	\$2,891.69
17-3022.00 Civil Engineering Technicians	1	517	\$39,661.04
Total this page Grand Total	13	822.75	\$75,433.66
Ordina Total	13 [822.75	\$75,433.66

Name of person who prepared this report:	Catherine M. DiMarco
Preparer's Signature: Catherine M. Di Marco	
Title: Accountant	Phone #: 585-334-1310
Date Prepared: April 30, 2019	

F	റ	R	М	R
•	v			

OSC Use Only:	
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: S Contract Number: T550144 Contract Term: 06/01/2015 to 12 Contractor Name: Popli, Architect	2/31/2018 ure + Engineering &	LS. DPC	cy Code: 28110 <i>33</i> ਹਰ।
Contractor Address: 555 Penbroo	ke Drive Penfield, N	IY 14526	
Description of Services Being Prov	/ided: Architecture		
Scope of Contract (Choose one tha	t best fits):		
I	arch 🔲 🏻 Training 🗀	7	
Data Processing Computer Pro		r IT consulting [
Engineering Architect Services		Environmental Service	`~ —
Health Services Mental Health S		FILMHOURIERITAL SELVICE	;s 🗀
	egal 🔲 Legal 🔲	Other Consulting [
/ Additing Faran	egai 🔲 Legai 📋	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
11-9041	2		the Contract
17-1011	1	209.50	6,795.45
17-2051	1	209.50	15,185.43 302.07
17-2071	1	41.50	5,541.23
17-2141	1	41.50	588.77
		0	300.77
			444
Total this page	6	305.00	\$ 56,828.56
Grand Total			
Name of person who prepared this		rn	
Preparer's Signature: <u>Mululal</u> a	uun)		
Title: Accountant I	Pho	one #: 585-388-2060	
Date Prepared: 04/26/2019			

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: SU	INY Upstate					
Contract Number: T550157 Agency Business Unit: SNY01						
Contract Term: 2/5/2016 to 5/30/201	9	Agency Department I				
Contractor Name: CannonDes		y gama, a apanamana	3300011			
Contractor Address: 2170 Whitel						
	d, NY 14072					
Description of Services Being Provid	· · · · · · · · · · · · · · · · · · ·	gn Services				
Scope of Contract (Choose one th						
Analysis Evaluation	Research [Training				
	ter Programming	Other IT consulting	·			
☐ Engineering ☐ Architect Se	ervices Surve	ying	ental Services			
☐ Health Services ☐ Mental I	lealth Services					
☐ Accounting ☐ Auditing	Paralegal [☐ Legal ☐ Other	Consulting			
Employment Category Number of Number of Amount Payable Employees Hours Worked Under the Contraction						
13-1051.00	4	20.5	\$2,057.67			
17-1011.00	7	630.5	\$65,219.55			
17-2071.00	1	140.5	\$17,265.98			
17-2141.00	3	45.0	\$5,648.33			
17-2199.00	1	36.5	\$3,178.42			
17-3027.00	3	18.5	\$1,281.13			
17-3011.00	1	11	\$483.74			
27-1025.00	1	58.5	\$3,860.44			
27-3042.00	1	71.4	\$4,121.10			
43-9199.00	2	90.3	\$7,471.25			
Total this page 24 1122.7 \$110,587.61			\$110,587.61			
Grand Total 24 1122.7 \$110,587.61						
Name of person who prepared this re	eport: Alexandria V	an-Dick				
Title: Project Biller		Phone #:	(716) 774-3521			
Preparer's Signature:			700 Marie 1900			
Date Prepared: 5/15/19						

FORM B			
•		OSC Use (•
		Reporting (
		Category	.008.
	State Consultant S		
	ctor's Annual Emp	_	
Report Pe	rlod: April 1, 2018	to March 31, 2019	
Contracting State Agency No.	OLD DE LES		
Contracting State Agency Name: Contract Number: T550259 Contract Term: 10/24/2018 to 0 Contractor Name: M/E Engineerii Contractor Address: 150 N. Ches Description of Services Being Pro Project #1023 Institute for Climate	01/24/2020 ng, PC tnut Street, Roches vided: Mechanical I	for NIV 44004	gency Code: 3320211 g Engineering for
Data Processing Computer Pro	arch Training Daramming Othe] r IT consulting [
Engineering Architect Services Health Services Mental Health S Accounting Auditing Parai Employment Category	Surveying Services Legal Legal Number of Employees	Environmental Service Other Consulting	Amount Payable Under
17-2141.00	2	18.50	the Contract 1,713.08
Total this page	2	18.50	\$1,713.08
Grand Total	2	18.50	\$1,713.08
Name of person who prepared this Preparer's Signature / //////////////////////////////////	H. Curin	Oucinoita Off(2) ne #: (585) 288-5590	

OSC Use Only:	-
Reporting Code:	
Category Code:	

State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: State of NY, I	Upstate Medical Universit	٧
---	----------------------------------	---

Agency Code: Department ID# 3320211

Contract Number: T550175

Contract Term: 04/26/2016 to 07/01/2019

Contractor Name: C&S Architects, Engineers & Landscape Architect PLLC Contractor Address: 499 Col. Eileen Collins Blvd., Syracuse, NY 13212 Description of Services Being Provided: Architectural & Engineering 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 S	Services		,3 <u> </u>
Accounting Auditing Paral		Other Consulting [
	-9 <u></u> 9 <u></u>	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under
11-9041 Architectural & Engineering		Transcer of Hodis Worked	the Contract
Managers Linguiseering	4		
17-1011 Architects, except	1	3	\$551.08
Landscape and Naval	4	404.5	*
17-2051 Civil Engineers	1	421.5	\$45,862.44
17-2071 Electrical Engineers	2	8.5	\$1,183.23
17-2111.02 Fire-Protection &		12	\$1,018.92
Protection Engineers	3	1-7	04.000 = 0
17-2141 Mechanical Engineers	2	17	\$1,928.78
17-2199 Engineers, All Other		61.5	\$5,032.93
17-3011 Architectural and Civil		7	\$944.30
Drafters Draft	1	4	
17-3012 Electrical Drafters	1	4	\$172.21
17-3013 Mechanical Drafters		1	\$71.76
43-9199 Administrative & Support	1	7	\$713.24
Workers Support	1		
		4	\$287.03
Total this page	18	546.5	\$57,765.92
Grand Total	18	546.5	\$57,765.92

Name of person who prepare	d-this réport: /William	Yiu
Preparer's Signature:	His	· · ·
Title: Sr HRIS Analyst		Phone #: 315-455-2000
Date Prepared: 04/22/2019		
Line additional is		

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: S Contract Number: PO#857298 Contract Term: / / to	State Univiversity	Upstate Medical Univ Agency Business U Agency Department	nit: SNY01
Contractor Name: Popli, Architectu	re + Engineering 8		
Contractor Address: 555 Penbrook			•
Description of Services Being Prov		. 11020	
Scope of Contract (Choose one that			
l		ining	
Data Processing Computer I	·	Other IT consulting	
☐ Engineering ☐ Architect Service	_ , ,	Bnvironmental	Services
☐ Health Services ☐ Mental Heal			
Accounting Auditing F	Paralegal Leg	gal 🗌 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-2071	5.00	127.00	\$11,501.77
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
The state of the s	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
And the second s	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	5.00	127.00	\$11,501.77

Name of person who prepared this report: Debora Ledtke

Title: Accountant I

Preparer's Signature:

Phone #: 585-388-2060

Date Prepared: 05/02/2019

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2018 to March 31, 2019

Contractor Name: Popli, Architecture Contractor Address: 555 Penbrooke Description of Services Being Provid Construction Documentation Includin	<pre> / / + Engineering { Dr., Penfield, N` ed: Provide Full ng Closeout</pre>	Agency Business U Agency Department & LS, DPC / 14526	ID: 3320211
☐ Data Processing ☐ Computer Processing ☐ Computer Processing ☐ Architect Services ☐ Mental Health	search	Environmental	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-9041.00	1.00	14.00	\$2,041.62
17-1011.00	4.00	148.75	\$12,084.26
17-2141.00	1.00	34.00	\$4,958.25
17-3013.00	1.00	14.50	\$838.98
17-3023.00	1.00	11.00	\$921.36
17-3027.00	1.00	67.50	\$3,807.52
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
12-4-4	0,00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	9.00	289.75	\$24,651.99
Grand Total	9.00	289	\$24,651.99
Name of person who prepared this report: Verset L. I.			

Name of person who prepared this report: Krystal L. Learn

Title: Accountant I Phone #: 585-388-2060

Preparer's Signature: My Llenn

Date Prepared: 04/30/2019