Polytechnic Institute

3320229

New York State Consultant Services Contractor's Annual Employment Report

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

			10 10 to Marott 01, 2019	
Contracting State Agency	/ Name: SU	NY Polytechnic	Institute	
Contract Number: C0007			Agency Business Unit:	SNY01
Contract Term: 08/15/201			Agency Department ID:	3320229
Contractor Name: Haylor	, Freyer & C	Coon Inc		
Contractor Address: 231	Salina Mea	dows Parkway, S	yracuse NY 13212	
Describition of Setvices B	eing Provide	ed: Broker Service	es – Student Health Insurance Coverage	
Scope of Contract (Cho	oso ono the	t boot fits).		·
Analysis Evaluation			ing 🔲	
-				
	ect Services		Other IT consulting	
	ntal Health 9		☐ Environmental Services ☐	
	Para		☐ Other Consulting ⊠	
	. 4,4	.ogai	Other Consulting 🖂	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contrac	
11-1021.00	1	15	No Direct Payment From State To	
43-4051.00	5	260	No Direct Payment From State To	Contractor
41-3021.00	2	48	No Direct Payment From State To	Contractor
15-1141.00	1	2	No Direct Payment From State To	Contractor
			No Bridge Taymerit Tom State To	Contractor
TO THE STATE OF TH		****		
				- ***
			77 34-4	
, , , , , , , , , , , , , , , , , , ,				
Total this page	9	325	No Direct Payment From State To	<u> </u>
Grand Total	9	325	No Direct Payment From State To	
		320	No Direct Payment From State To	Contractor
Name of person who prepare	ared this rer	ort: lim McCan.	01/	
	MM C	-/\ B /\	e ^	
Title: Account Manager			Phone #: 3(5-703-3239	
Date Prepared: 04/24/20	a		1 Hone #. 0 10-703-3239	
(Lise additional pages if po				

(Use additional pages if necessary)

FORM B

New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agenc	y Name: SUNY	Polytechnic Institute
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Contract Number: T000813

Agency Business Unit: SNY01

Contract Term: 06/24/2015 to 06/30/2019

Agency Department ID: 3320229

Contractor Name: JMZ Architects and Planners PC

Contractor Address: P.O. Box 725, Glens Falls, NY 12801

Description of Services Being Provided: Construction of SMART/CGAM Labs

Scope of Contract (Choose one that t	aget fite):		
1 	·	ining	
☐ Data Processing ☐ Computer Pr		Other IT consulting	
☐ Engineering ☐ Architect Service			Sarvinae
☐ Health Services ☐ Mental Health			Oci vices
l 	aralegal	gal 🔲 Other Consul	lting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1011.00 - Architects, except landscape and naval	2.00	5.20	707.42
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	2.00	5.20	\$ 0.00
Grand Total	2.00	5.2	\$707.42

Name of person who prepared this report: Kim Filion
Title: Director of Finance and Human Resources

Phone #: 518-793-0786

Preparer's Signature:

Date Prepared: 04/23/2019

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 Polytech	nic Institute
Contract Number: T180002	Agency Business Unit: SNY01
Contract Term: 02/02/2018 to 05/2/2018	Agency Department ID: 3320229
Contractor Name: Proeducation Solutions	
Contractor Address: 491 Partridge Circle, Saraso	ota, FL 34236
Description of Services Being Provided: Financia	al aid consulting and reporting

Scope of Contract (Choose one that b	est fits):		
1 	•	ining	
☐ Data Processing ☐ Computer Pro	ogramming [Other IT consulting	
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗌 Leg	gal 🛛 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
HIGHER EDUCATION CONSULTING -FINANCIAL ALD	/ - 0.0 0	156 0.00	\$ 10,139, 40\$0.00
CONSULTING	0.00	0.00	\$0.00
- FINANCIAL AID	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name	of person	who prepar	ed this repor	t: AL	HERM	58 N
Title:	VICE	PRES	DENT	CONSUL	TANT	Phone #:
Prepai	er's Signa	ture:	10/11/	11-		
Date F	repared: <i>)</i>	45719	7 1			

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 Polytechnic Institute

Contract Number: T180049

Agency Business Unit: SNY01

Contract Term: 08/27/2018 to 12/21/2018

Agency Department ID: 3320229

Contractor Name: Pinnacle Behavioral Health

Contractor Address: 10 McKown Road, Suite 102, Albany, NY 12203

Description of Services Being Provided: Mental health counseling services for CNSE

students

est fits):		
-	ining	
ogramming 🗀	Other IT consulting	•
Surveying		Services
Services		•
ralegal 🔲 Leg	jal	ting
Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
1.00	17.00	\$1,855.00
1.00	38.00	\$9,165.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
0.00	0.00	\$0.00
2.00	55.00	\$11,020.00
5	Surveying Services Services Number of Employees 1.00 1.00 0.00	Search Training Other IT consulting Surveying Environmental Services Talegal Other Consulting Number of Hours Worked

Title:

Preparer's Signature:

Date Prepared:

Phone #:

Corrected Form

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 Polytechnic Institute

Contract Number: T190002

Agency Business Unit: SNY01

Contract Term: 01/30/2019 to 06/1/2019

Agency Department ID: 3320229

Contractor Name: Pinnacle Behavioral Health

Contractor Address: 10 McKown Road, Suite 102, Albany, NY 12203

Description of Services Being Provided: Mental health counseling services for CNSE

students

Scope of Contract (Choose one that b	est fits):		
Analysis Evaluation Re	search 🔲 Trai	ning	
☐ Data Processing ☐ Computer Pro	ogramming 🔲	Other IT consulting	
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental	Services
☐ Health Services ☐ Mental Health	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	al Dther Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
21.1014.00	1.00	11.00	\$1,250.00
21.1023.00	1.00	19.00	\$2,375.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	2.00	30.00	\$3,625.00
Grand Total			

Name of person who prepared this report: Laura A. Hu
--

Title: Owner/Director \

Preparer's Signature:

Phone #: 518-330-2699

Date Prepared: 04/24/2019

(Use additional pages, if necessary)