

Office of Children & Family
Services
3400000

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, 2020 TO MARCH 31, 2021

FORM B

Contracting State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>340000</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 <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of Hours Worked During Reporting Period	Amount Paid During Reporting Period
25-2054.00	1	69	\$10,562.50
29-1127.00	1	0	\$1,040.00
Total this page	2	69	\$11,602.50
Grand Total			

Name of person who prepared this report: Christine Marzano

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

Preparer's Signature: _____

Date Prepared: 4/7/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: *C#27955* Agency Business Unit: CFS01
 Contract Term: *2/1/17* to *12/31/21* Agency Department ID: 3400000
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd., Ithaca, N.Y. 14850*
 Description of Services Being Provided: *Comp. Psychiatric Svcs.*

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>29-1223.00</i>	<i>1</i>	<i>240.56</i>	<i>83,072</i>
Total this Page	<i>1</i>	<i>240.56</i>	<i>83,072</i>

Grand Total	1	240.56	83,072
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Name of person who prepared this report: *Henry Gerson*

Title: *President*

Phone #: *917-539-0445*

Preparer's Signature: *HG*

Date Prepared: *4/21/21*

(Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: *CO 27987* Agency Business Unit: CFS01
 Contract Term: *3/1/17* to *12/31/21* Agency Department ID: 3400000
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Comstock Rd., Ithaca, N.Y. 14850*
 Description of Services Being Provided: *Comp. Psychiatric Svcs.*

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>29-1223-00</i>	<i>1</i>	<i>702.93</i>	<i>242,377</i>
Total this Page	<i>1</i>	<i>702.93</i>	<i>242,377</i>

Grand Total	1	702.93	242,377
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Name of person who prepared this report: *Henry Gerson*

Title: *President*

Phone #: *917-539-0445*

Preparer's Signature: *[Signature]*

Date Prepared: *4/21/21*

(Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: CP28156 Agency Business Unit: CFS01
 Contract Term: 12/1/19²⁰ to 11/30/21 Agency Department ID: 3400000
 Contractor Name: Henry D. Gerson, M.D., P.C.
 Contractor Address: 219 Constock Rd Ithaca, N.Y. 14850
 Description of Services Being Provided:
Comp. Psychiatric Svcs.

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>29-1223.00</u>	<u>1</u>	<u>382.51</u>	<u>142,676</u>
Total this Page	<u>1</u>	<u>382.51</u>	<u>142,676</u>

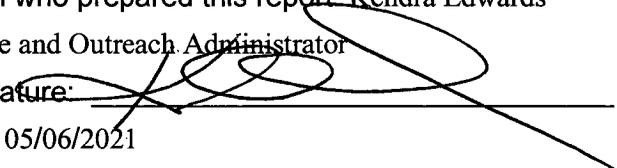
FORM B

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

Contracting State Agency Name: OCFS
 Contract Number: C028286 Agency Business Unit: CFS01
 Contract Term: 11/01/2018 to 10/31/2023 Agency Department ID: 3400000
 Contractor Name: Penda Aiken Inc.
 Contractor Address: 330 Livingston Street, Fl 2, Brooklyn, NY 11236
 Description of Services Being Provided:

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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: Kendra Edwards
 Title: Compliance and Outreach Administrator Phone #: (718) 643-4880
 Preparer's Signature: 
 Date Prepared: 05/06/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, = su to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: C028287 Agency Business Unit: CFS01
 Contract Term: 4/1/2020 to 3/31/2021 Agency Department ID: 3400000
 Contractor Name: Worldwide Travel Staffing, Limited
 Contractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150
 Description of Services Being Provided: Temporary Healthcare Staffing

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
29-1141.00	10.00	8,971.46	\$567,854.73
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	10.00	8,971.46	\$567,854.73
Grand Total	10.00	8,971	\$567,854.73

Name of person who prepared this report: Leo R. Blatz

Title: C.E.O.

Phone #: 716-821-9001

Preparer's Signature: Leo R Blatz
 Date Prepared: 4/30/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: *C028407* Agency Business Unit: CFS01
 Contract Term: *12/1/18* to *11/30/23* Agency Department ID: 3400000
 Contractor Name: *Henry D. Gerson, M.D., P.C.*
 Contractor Address: *219 Constock Rd., Ithaca, N.Y. 14850*
 Description of Services Being Provided: *Comp. Psychiatric Svcs.*

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>29-1223.00</i>	<i>1</i>	<i>1011.08</i>	<i>384,210</i>
Total this Page	<i>1</i>	<i>1011.08</i>	<i>384,210</i>

Grand Total	1	1011.08	384,210
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Name of person who prepared this report: *Henry Gerson*

Title: *President*

Phone #: *917-539-0445*

Preparer's Signature: _____ *[Signature]*

Date Prepared: *4/20/21*

(Use additional pages, if necessary)

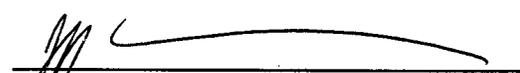
FORM B

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

Contracting State Agency Name: OCFS
 Contract Number: C028408 Agency Business Unit: CFS01
 Contract Term: 12/01/2018 to 11/30/2021 Agency Department ID: 3400000
 Contractor Name: 24th Street Psychiatry, PC
 Contractor Address: 200 West 20th Street Suite 104, New York City, NY 10011
 Description of Services Being Provided: Psychiatric

- 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-Code-29-1066.00	1.00	212.21	\$68,968.25
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	212.21	\$68,968.25
Grand Total	1.00	212	\$68,968.25

Name of person who prepared this report: Jeff Corbin MD MPH
 Title: President Phone #: (917)606-1688
 Preparer's Signature: 
 Date Prepared: 04/22/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: C028487 Agency Business Unit: CFS01
 Contract Term: 6/1/2019 to 5/31/2024 Agency Department ID: 3400000
 Contractor Name: Yaws Environmental Process Control, Inc.
 Contractor Address: 951 East Shore Drive
 Description of Services Being Provided: Wastewater Treatment

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
51,8031.00	8	3,640.00	\$152,400.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	8.00	3,640.00	\$152,400.00
Grand Total	8.00	3,640	152400.00

Name of person who prepared this report: Lauri Smith
 Title: President Phone #: 607-227-1696
 Preparer's Signature: Lauri D. Smith
 Date Prepared: 4/20/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: CO28513
 Contract Term: 06/01/2020 to 06/30/2021
 Contractor Name: Environmental & Fueling Systems LLC
 Contractor Address: 20 Gurley Ave., Troy, NY 12182
 Agency Business Unit: CFS01
 Agency Department ID: 3400000
 Description of Services Being Provided: Environmental site inspection, SPCC plan preparation
 Fuel Tank repairs

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
Laborer	11.00	362.00	\$54,300.00
Travel	9.00	181.50	\$14,520.00
Electrician	7.00	112.50	\$16,875.00
Plumber	7.00	146.00	\$21,900.00
Off Site	6.00	181.00	\$11,073.58
Admin - Contract PM	1.00	9.00	\$20,000.00
Admin - E&FS	1.00	14.00	\$2,100.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	42.00	1,006.00	\$140,768.58
Grand Total			

Name of person who prepared this report: Marc Miller

Title: Member

Phone #: 518-272-8142

Preparer's Signature: Marc Miller Digitally signed by Marc Miller
DN: cn=Marc Miller, o=Environmental & Fueling Systems
LLC, ou, email=mmiller@efsystemsandtank.com, c=US
Date: 2021.04.23 14:01:14 -0400

Date Prepared: 04/23/2021

(Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: C028996 Agency Business Unit: CFS01
 Contract Term: 03/01/2021 to 02/28/2026 Agency Department ID: 3400000
 Contractor Name: Language Fundamentals
 Contractor Address: 1032 Main Street Fishkill, NY 12524
 Description of Services Being Provided: Speech Therapy 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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: Matthew P McGarvey

Title: Vice President of Business Development

Phone #: 845-897-3330

Preparer's Signature: Matthew P McGarvey

Date Prepared: 4/30/2021

(Use additional pages, if necessary)

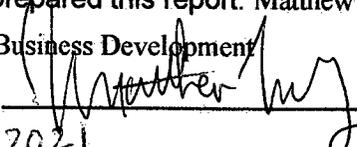
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: C028997 Agency Business Unit: CFS01
 Contract Term: 03/01/2021 to 02/28/2026 Agency Department ID: 3400000
 Contractor Name: Language Fundamentals
 Contractor Address: 1032 Main Street Fishkill, NY 12524
 Description of Services Being Provided: Speech Therapy 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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: Matthew P McGarvey
 Title: Vice President of Business Development Phone #: 845-897-3330
 Preparer's Signature: 
 Date Prepared: 4/13/2021

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021

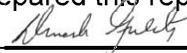
Contracting State Agency Name: NYS OCFS Agency Code: 25000
Contract Number: **PH65773**
Contract Term: 11/01/2012 to 06/30/2019
Contractor Name: IIT Inc
Contractor Address: **6 CORNISH COURT, SUITE 101, HUNTINGTON STATION, NY 11746**
Description of Services Being Provided: **IT Services**

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	1	1849.50	\$124,008.98
15-1131.00 Computer Programmers	3	4096.00	\$331,571.20
Total this page	4	5945.50	\$455,580.18
Grand Total	4	5945.50	\$455,580.18

Name of person who prepared this report: Dinesh Gulati

Preparer's Signature: 

Title: Managing Director

Phone #: 631-254-8600 215

Date Prepared: 4/29/2021

Use additional pages if necessary)

Page 1 of 1

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Office of Children & Family Services
 Contract Number: PH65780 Agency Business Unit: CFS01
 Contract Term: 11/1/2012 to 6/30/2019 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus
 Contractor Address: 435 New Karner Road, Suite 202 Albany, NY 12205
 Description of Services Being Provided: IT Consulting Services

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1131.00	1	360	\$26,974.80
	1	336	\$25,176.48
	1	647	\$48,479.71
	1	1112	\$83,322.16
	1	1800	\$134,874.00
	1	1896	\$142,067.28
	1	1748	\$130,977.64
	1	2000	\$149,860.00
	1	2016	\$151,058.88
15-1199.09	1	1876.5	\$155,055.20
	1	2000	\$165,260.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	11	15791.5	\$1,213,106.15
Grand Total	11	15791.5	\$1,213,106.15

Name of person who prepared this report: Stephen Miller

Title: President

Phone #: 518-218-1700



Preparer's Signature:

Date Prepared: 4/26/21

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Office of Children & Family Services
 Contract Number: PH 65782 Agency Business Unit: CFS01
 Contract Term: 11/01/2012 to 06/30/2019 Agency Department ID: 3400000
 Contractor Name: PSI International Inc.
 Contractor Address: 11200 Waples Mill Rd, 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
Computer Programmers	5	7,927.25	\$615,313.15
Computer Systems Analysts	6	6,828.50	\$457,837.77
Computer Systems Architects	1	749.75	\$66,052.98
Computer User Support Specialists	4	5,315.25	\$420,520.97
Total this Page	16	20,820.75	\$1,559,724.87
Grand Total	16	20,820.75	\$1,559,724.87

Name of person who prepared this report: Jasmin Bertulfo

Title: Accountant

Phone #: 703.621.5849

Preparer's Signature: 

Date Prepared: 05/05/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: PH68607 Agency Business Unit:
 Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID:
 Contractor Name: Crossfire Consulting Corp
 Contractor Address: 1940 Commerce Street, Yorktown Heights, NY 10598
 Description of Services Being Provided: Hourly Based Information Technology

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
Software Analyst	1.00	1,260.00	\$80,640.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,260.00	\$80,640.00
Grand Total	1.00	1,260	\$80,640

Name of person who prepared this report: Maureen Kruze
 Title: Administrator Phone #: 914-302-2900
 Preparer's Signature: *Maureen Kruze*
 Date Prepared: 05/12/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: PH68612 Agency Business Unit:
 Contract Term: 7/1/2019 to 6/30/2024 Agency Department ID:
 Contractor Name: JSM Consulting Inc
 Contractor Address: 65 Station Road, Cranbury, NJ 08512
 Description of Services Being Provided: Hourly Based Information Technology

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
Software Developer	1.00	728	50,690.64
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	728.00	\$50,690.64
Grand Total			

Name of person who prepared this report: Vivek Shenoy

Phone #: (609) 722-6600, ext. 102

Title: Sr. VP - Operations

Preparer's Signature:  _____

Date Prepared: 5/10/2021

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021**

Contracting State Agency Name: **NYS OCFS** Agency Code:
Contract Number: **PH68613**
Contract Term: **07/01/2019** to **06/30/2024**
Contractor Name: **Knowledge Builders Inc**
Contractor Address: **1977 Western Avenue; Ste # 1; Albany; NY - 12203**
Description of Services Being Provided: **Systems Developer**

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
15-1252.00	5	1,301.50	\$106,593
Total this page	5	1,301.50	\$106,593
Grand Total	5	1,301.50	\$106,593

Name of person who prepared this report: **Sanjay Kapalli**
Preparer's Signature: 
Title: **Executive Vice President** Phone #: **518-250-4189**
Date Prepared: **5/7/2021**

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021**

Contracting State Agency Name: **NYS OCFS** Agency Code:
Contract Number: **PH68613**
Contract Term: **07/01/2019** to **06/30/2024**
Contractor Name: **Knowledge Builders Inc**
Contractor Address: **1977 Western Avenue; Ste # 1; Albany; NY - 12203**
Description of Services Being Provided: **Software Architect**

Scope of Contract (Choose one that best fits):
Analysis Evaluation Research Training
Data Processing Computer Programming Other IT consulting
Engineering Architect Services Surveying Environmental Services
Health Services Mental Health Services
Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1199.02	3	3,406.25	\$304,859
Total this page	3	3,406.25	\$304,859
Grand Total	3	3,406.25	\$304,859

Name of person who prepared this report: **Sanjay Kapalli**
Preparer's Signature: _____
Title: **Executive Vice President** Phone #: **518-250-4189**
Date Prepared: **5/7/2021**

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: **NYS OCFS** Agency Code:
Contract Number: **PH68613**
Contract Term: **07/01/2019** to **06/30/2024**
Contractor Name: **Knowledge Builders Inc**
Contractor Address: **1977 Western Avenue; Ste # 1; Albany; NY - 12203**
Description of Services Being Provided: **Software 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
15-1253.00	2	1,335.50	\$105,171
Total this page	2	1,335.50	\$105,171
Grand Total	2	1,335.50	\$105,171

Name of person who prepared this report: **Sanjay Kapalli**
Preparer's Signature: _____
Title: **Executive Vice President** Phone #: **518-250-4189**
Date Prepared: **5/7/2021**

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: **NYS OCFS** Agency Code:
Contract Number: **PH68613**
Contract Term: **07/01/2019** to **06/30/2024**
Contractor Name: **Knowledge Builders Inc**
Contractor Address: **1977 Western Avenue; Ste # 1; Albany; NY - 12203**
Description of Services Being Provided: **Software Manager**

Scope of Contract (Choose one that best fits):
Analysis Evaluation Research Training
Data Processing Computer Programming Other IT consulting
Engineering Architect Services Surveying Environmental Services
Health Services Mental Health Services
Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1199.09	1	1,946.50	\$163,506
Total this page	1	1,946.50	\$163,506
Grand Total	1	1,946.50	\$163,506

Name of person who prepared this report: **Sanjay Kapalli**
Preparer's Signature: _____
Title: **Executive Vice President** Phone #: **518-250-4189**
Date Prepared: **5/7/2021**

FORM B

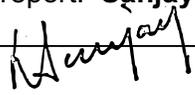
OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: **NYS OCFS** Agency Code:
Contract Number: **PH68613**
Contract Term: **07/01/2019** to **06/30/2024**
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	3	4,192	\$301,870
Total this page	3	4,192	\$301,870
Grand Total	3	4,192	\$301,870

Name of person who prepared this report: **Sanjay Kapalli**
Preparer's Signature: 
Title: **Executive Vice President** Phone #: **518-250-4189**
Date Prepared: **5/7/2021**

FORM B

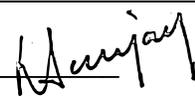
OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: **NYS OCFS** Agency Code:
Contract Number: **PH68613**
Contract Term: **07/01/2019** to **06/30/2024**
Contractor Name: **Knowledge Builders Inc**
Contractor Address: **1977 Western Avenue; Ste # 1; Albany; NY - 12203**
Description of Services Being Provided: **IT 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	11	20,458.50	\$1,131,087
Total this page	11	20,458.50	\$1,131,087
Grand Total	11	20,458.50	\$1,131,087

Name of person who prepared this report: **Sanjay Kapalli**
Preparer's Signature: _____ 
Title: **Executive Vice President** Phone #: **518-250-4189**
Date Prepared: **5/7/2021**

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: **NYS OCFS** Agency Code:
Contract Number: **PH68613**
Contract Term: **07/01/2019** to **06/30/2024**
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	2	3,741.50	\$259,802
Total this page	2	3,741.50	\$259,802
Grand Total	2	3,741.50	\$259,802

Name of person who prepared this report: **Sanjay Kapalli**
Preparer's Signature: _____
Title: **Executive Vice President** Phone #: **518-250-4189**
Date Prepared: **5/7/2021**

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS Office of Children & Family Services
 Contract Number: PH68617 Agency Business Unit: CFS01
 Contract Term: 7/1/2019 to 6/30/2024 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus
 Contractor Address: 435 New Karner Road, Suite 202 Albany, NY 12205
 Description of Services Being Provided: IT Consulting Services

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1253.00	2	904	\$65,901.60
	1	408	\$29,743.20
15-1299.08	1	1312.5	\$93,817.50
	1	1167	\$83,417.16
	1	148.5	\$10,614.78
15-1199.09	1	552	\$47,466.48
	7	4492	\$330,960.72
Grand Total	23	34466.5	\$2,195,178.37

Name of person who prepared this report: Stephen Miller

Title: President

Phone #: 518-218-1700



Preparer's Signature:

Date Prepared: 4/23/21

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS Office of Children & Family Services
 Contract Number: PH68617 Agency Business Unit: CFS01
 Contract Term: 7/1/2019 to 6/30/2024 Agency Department ID: 3400000
 Contractor Name: MVP Consulting Plus
 Contractor Address: 435 New Karner Road, Suite 202 Albany, NY 12205
 Description of Services Being Provided: IT Consulting Services

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
15-1121.00	1	1956	\$119,844.12
	1	1977	\$121,130.79
	1	1976	\$121,069.52
	1	1888	\$122,946.56
	1	1855	\$120,797.60
15-1151.00	3	5801.5	\$315,543.59
	1	1967	\$101,890.60
	2	3688	\$200,590.32
	1	1912	\$99,041.60
15-1142.00	1	1875	\$134,025.00
15-1199.02	1	1983.5	\$170,382.65
	1	1088	\$93,459.20
15-1131.00	1	2007.5	\$143,496.10
Total this Page	16	29974.5	\$ 1,864,217.65
Grand Total			

Name of person who prepared this report: Stephen Miller

Title: President

Phone #: 518-218-1700



Preparer's Signature:

Date Prepared: 4/23/21

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: Office of Children and Family Services-HBITS
 Contract Number: PH68629 Agency Business Unit: CFS01
 Contract Term: 07/01/2019 to 06/30/2024 Agency Department ID: 3400000
 Contractor Name: Tech Valley Talent
 Contractor Address: 20 Prospect St, Ballston Spa NY 12020
 Description of Services Being Provided: Hourly Based Information Technology

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
15-1251.00 Computer Programmers	4.00	7,760.00	\$408,975.95
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	4.00	7,760.00	\$408,975.95
Grand Total	4.00	7,760	\$408,975.95

Name of person who prepared this report: Jennifer Duane

Title: Administrative Assistant

Phone #: 518-882-0001 x113

Preparer's Signature: Jennifer Duane
3287470C1616432...

Date Prepared: 05/03/2021

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS Office of Children & Family Services
 Contract Number: PN205AB Agency Business Unit:
 Agency Department ID
 Contract Term: 2/1/2019 To 3/31/2021
 Contractor Name: **New York State Technology Enterprise Corporation (NYSTEC)**
 Contractor Address: **99 Otis Street, 2nd Floor, Rome, NY 13441**

Description of Services Being Provided: NYS OCFS CCWIS Planning 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 to be worked	Amount Payable Under the Contract
11-3021.00 Computer and Information Systems Manage	3.00	824.25	\$ 152,751.94
Total this page	3.00	824.25	\$ 152,751.94
Grand Total	3.00	824.25	\$ 152,751.94

Name of person who prepared this report: **Michael J. Tallman**
 Title: **Contracts Manager** Phone #: 315-334-7843 mtallman@nystec.com

Preparer's Signature: 
 Date Prepared: 05-11-2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: NYS OCFS
 Contract Number: PR65774 Agency Business Unit:
 Contract Term: 04/01/2020 to 03/31/2021 Agency Department ID:
 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	837.00	\$40,736.80
	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	837.00	\$40,736.80
Grand Total	1.00	837	\$40,736.80

Name of person who prepared this report: Douglas Bernstein
 Title: VP Phone #: 646-790-8252
 Preparer's Signature: 
 Date Prepared: 5/04/2021

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2020 to March 31, 2021**

Contracting State Agency Name: Office of Children & Family
Agency Code: unknown
Contract Number: PR65777/PH65777
Contract Term: 11/01/2012 to 06/30/2019
Contractor Name: Logic House Ltd.
Contractor Address: 49950 Jefferson St., Suite 130-391, Indio, CA 92201
Description of Services Being Provided: Various Hourly Based 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
Specialist	1	2008	\$163,451.20
Total this page	1	2008	\$163,451.20
Grand Total	1	2008	\$ 163,451.20

Name of person who prepared this report: Sheila Allen House
Preparer's Signature: Sheila Allen House
Title: President Phone #: 512-689-9650
Date Prepared: 04/20/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: S010192 Agency Business Unit: CFS01
 Contract Term: 12/01/2017 to 12/31/2021 Agency Department ID: 3400000
 Contractor Name: Mark Cattalani, MD
 Contractor Address: 28 East Street, Skaneateles, NY 13152
 Description of Services Being Provided: Psychiatric

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
Psychiatrists - 29-1223.00	1.00	365.00	\$78,941.75
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	365.00	\$78,941.75
Grand Total			

Name of person who prepared this report: Mark Cattalani, MD

Title: MD

Phone #: 617-365-2817

Preparer's Signature: _____

Date Prepared: 5/5/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: 5010199 Agency Business Unit: CFS01
 Contract Term: 3/31/18 to 3/31/22 Agency Department ID: 3400000
 Contractor Name: Bruce H. David, D.O.
 Contractor Address: 400 East 89th St., Apt. 8J, New York, 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
Psychiatrist	1.00	540.5	\$148,637.50
29-1066.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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		540.5	\$148,637.50

Name of person who prepared this report: Bruce H. David, D.O.
 Title: Psychiatrist
 Preparer's Signature:  Phone #: 347 302 8034
 Date Prepared: 5/12/21

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: S010203 Agency Business Unit: CFS01
 Contract Term: 10/01/2018 to 09/30/2021 Agency Department ID: 3400000
 Contractor Name: Mark Cattalani, MD
 Contractor Address: 28 East Street, Skaneateles, NY 13152
 Description of Services Being Provided: Psychiatric

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
Psychiatrists - 29-1223.00	1.00	345.50	\$101922.50
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	345.50	\$101,922.50
Grand Total			

Name of person who prepared this report: Mark Cattalani, MD

Title: MD

Phone #: 617-365-2817

Preparer's Signature: 

Date Prepared: 5/5/2021

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: S010230 Agency Business Unit: CFS01
 Contract Term: 12/01/2020 to 11/30/2023 Agency Department ID: 3400000
 Contractor Name: Mark Cattalani, MD
 Contractor Address: 28 East Street, Skaneateles, NY 13152
 Description of Services Being Provided: Psychiatric

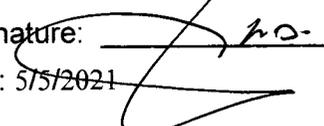
Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrists - 29-1223.00	1.00	9.75	\$2,876.25
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	9.75	\$2,876.25
Grand Total			

Name of person who prepared this report: Mark Cattalani, MD

Title: MD

Phone #: 617-365-2817

Preparer's Signature: 

Date Prepared: 5/5/2021

(Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: T012201 Agency Business Unit: CFS01
 Contract Term: 1/1/2019 to 12/31/2023 Agency Department ID: 3400000
 Contractor Name: Yaws Environmental Process Control, Inc.
 Contractor Address: 951 East Shore Drive
 Description of Services Being Provided: Wastewater Treatment

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
51.8031.00	1	52	\$9,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	52.00	\$9,000.00
Grand Total	1	52	\$9,000.00

Name of person who prepared this report: Lauri Smith
 Title: President Phone #: 607-227-1696
 Preparer's Signature: *Lauri D. Smith*
 Date Prepared: 4/20/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: T012216 Agency Business Unit: CFS01
 Contract Term: 03/01/2019 to 02/28/2021 Agency Department ID: 3400000
 Contractor Name: David V Malicki
 Contractor Address: 31 Bergen Woods Dr Boght Corners NY 12047
 Description of Services Being Provided: Dental 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
Dentist 29-1021.00	1.00	46.25	\$2000.00/ MONTH
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total			#22,000. \$24,000.00

Name of person who prepared this report: David V Malicki

Title: Dentist

Phone #: (518)791-8461

Preparer's Signature: David V Malicki

Date Prepared: 04/24/2021

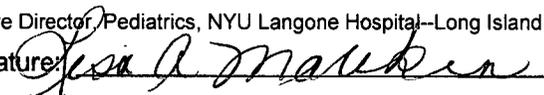
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: T012227 Agency Business Unit: CFS01
 Contract Term: 01/01/2019 to 12/31/2023 Agency Department ID: 3400000
 Contractor Name: New York University School of Medicine
 Contractor Address: One Park Avenue, 6th Floor, New York, NY 10016
 Description of Services Being Provided: Medical – Physician Services at Brentwood Residential Center

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
Physician, 29-1229.04	2.00	35.25	\$9,600.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	35.25	\$9,600.00
Grand Total	2.00	35.25	\$9,600.00

Name of person who prepared this report: Lisa A. Malikin
 Title: Administrative Director, Pediatrics, NYU Langone Hospital--Long Island Phone #: 516-663-4938
 Preparer's Signature: 
 Date Prepared: 05/07/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: T012302 Agency Business Unit: CFS01
 Contract Term: 02/01/2020 to 01/31/2021 Agency Department ID: 3400000
 Contractor Name: Abraham Nussbaum
 Contractor Address: 82 Hapeman Hill Rd, Red Hook, NY 12571
 Description of Services Being Provided: Medical Services

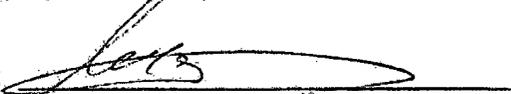
Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00 Pediatricians, General	1.00	160.00	\$25,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	160.00	\$25,000.00
Grand Total			

Name of person who prepared this report: Abraham Nussbaum

Title: MD

Phone #: 917-375-1437

Preparer's Signature: 

Date Prepared: 04/21/2021

FORM B

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

Contracting State Agency Name: OCFS
 Contract Number: T013309 Agency Business Unit: CFS01
 Contract Term: 03/01/2020 to 07/28/2025 Agency Department ID: 3400000
 Contractor Name: Capital District Pediatric Cardiology Associates PC
 Contractor Address: 319 S. Manning Blvd #203, Albany, NY 12208
 Description of Services Being Provided:
 EKG Reading

- 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
Physician 29-1229.00	3 0.00	104 0.00	\$9825. ⁰⁰ \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	3 0.00	104 0.00	\$9825. ⁰⁰ \$ 0.00
Grand Total	3	104	\$ 9825. ⁰⁰

Name of person who prepared this report: Steven Kament, MD
 Title: President Phone #: 518-489-3292
 Preparer's Signature: Steve Kament
 Date Prepared: 4/21/2021

(Use additional pages, if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS

Contract Number: T012313

Agency Business Unit: CFS01

Contract Term: 06/01/2020 to 05/31/2023

Agency Department ID: 3400000

Contractor Name: OnSite Vision Plans, Inc

Contractor Address: 2 Middlesex Rd East Greenbush, NY 12061

Description of Services Being Provided: Optometry Service

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
29-1041.00	1.00	28.00	\$9,122.42
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	28.00	\$9,122.42
Grand Total	1.00	28	9122.42

Name of person who prepared this report: Edward Berger, OD

Title: President, OVP

Phone #: 518-486-8989

Preparer's Signature: _____



Date Prepared: 04/21/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: Jan 1, 2021 to March 31, 2021

Contracting State Agency Name: OCFS

Contract Number: T012439 Agency Business Unit: CFS01
 Contract Term: 1/1/2021 to 12/31/2021 Agency Department ID: 3400000
 Contractor Name: Judith M Zelenevych RDH
 Contractor Address: 107 George Endries Dr Schenectady, NY 12303
 Description of Services Being Provided: Dental Consultant
OCFS Bureau of Health 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
Dental Hygienist 29,1292.00	1	328	12,136.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	328	12,136.00

Name of person who prepared this report: Judith M Zelenevych RDH
 Title: Dental Consultant, OCFS Phone #: 518-577-5017
 Preparer's Signature: [Signature]
 Date Prepared: 5/4/21

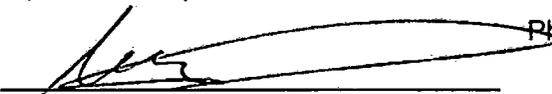
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: T012465 Agency Business Unit: CFS01
 Contract Term: 02/01/2021 to 01/31/2022 Agency Department ID: 3400000
 Contractor Name: Abraham Nussbaum
 Contractor Address: 82 Hapeman Hill Rd, Red Hook, NY 12571
 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
29-1221.00 Pediatricians, General	1.00	32.00	\$5,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	32.00	\$5,000.00
Grand Total			

Name of person who prepared this report: Abraham Nussbaum
 Title: MD Phone #: 917-375-1437
 Preparer's Signature: 
 Date Prepared: 04/21/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 20 to March 31, 21

Contracting State Agency Name: OCFS
 Contract Number: T012520 Agency Business Unit: CFS01
 Contract Term: 3//1/2021 to 3//31/2021 Agency Department ID: 3400000
 Contractor Name: American Mobile Dental
 Contractor Address: 76 Progress Dr Suite 123 Stamford CT 06902
 Description of Services Being Provided: Dental

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
31.9092.00	1.00	56.00	\$1,950.00
29-1021.00	1.00	0.00	\$0.00
31-9091.00	1.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	3.00	56.00	\$1,950.00
Grand Total	3.00	56	1950

Name of person who prepared this report: Carole Burns

Title: Regional Director

Phone #: 315-515-3015

Preparer's Signature: Carole Burns

Date Prepared: 4//20/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: T012521 Agency Business Unit: CFS01
 Contract Term: 03/21/2021 to 02/28/2022 Agency Department ID: 3400000
 Contractor Name: David V Malicki
 Contractor Address: 31 Bergen Woods Dr Boght Corners NY 12047
 Description of Services Being Provided: Dental 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
Dentist 29-1021.00	1.00	3.75	\$3,000.00 / MONTH
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total			\$3,000.00

Name of person who prepared this report: David V Malicki
 Title: Dentist
 Preparer's Signature: *David V Malicki* Phone #: (518)791-8461
 Date Prepared: 04/29/2021

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2020 to March 31, 2021

Contracting State Agency Name: OCFS
 Contract Number: _____ Agency Business Unit: CFS01
 Contract Term: 04/01/2020 to / / Agency Department ID: 3400000
 Contractor Name: Penda Aiken Inc
 Contractor Address: 330 Livingston Street, Brooklyn, NY 11217
 Description of Services Being Provided: Medial/Healthcare 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
29-1141.00	1.00	210.25	\$9,319.50
	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	1.00	210.25	\$9,319.50
Grand Total	1.00	210	

Name of person who prepared this report: Kendra Edwards

Title: Compliance and Outreach Administrator

Phone #: 718-643-4880

Preparer's Signature: _____

Date Prepared: 05/04/2021