

SUNY – Upstate Medical
University
3320211

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C/X 504402 Agency Business Unit:
 Contract Term: 06/01/2018 to 05/31/2023 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Inpatient Child Consultation

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
Clinical Psychologist 19-3031.02	1.00	347.00	\$31,418.17
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	347.00	\$31,418.17
Grand Total	1.00	347	31418.17

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: *Terri Weston*
 Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 504450 Agency Business Unit:
 Contract Term: 7/1/2018 to 6/30/2023 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Adolescent Psychiatric Hospitalist Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	520.00	\$83,950.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	520.00	\$83,950.00
Grand Total	1.00	520	\$83,950.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 504599 Agency Business Unit:
 Contract Term: 07/01/2018 to 06/30/2023 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: On Call Psychiatry Coverage Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	9.00	1,617.00	\$264,200.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	9.00	1,617.00	\$264,200.00
Grand Total	9.00	1,617	\$264,200.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: *Terri Weston Terri*

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 504720 Agency Business Unit:
 Contract Term: 08/1/2018 to 07/31/2023 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Clinical Supervision

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	35.00	\$4,450.00
Clinical Psychologist - 19-331.02	1.00	104.00	5132.67
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	139.00	\$9,582.67
Grand Total	2.00	139	\$9,582.67

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

Exhibit Y

OSC Use Only:

Reporting Code:

Category Code:

FORM B

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

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: _____
 Contract Term: _____ to _____
 Contractor Name: _____
 Contractor Address: _____
 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
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Christine C. Saave

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary)

Page of

Area:

Mail/Send Date:

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, to March 31,
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Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____ _____
--

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: *Cristine C. Lawe* _____

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) Page of

Area:
Mail/Send Date:

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, to March 31,
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Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Saxe

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) Page of

Area:
Mail/Send Date:

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505031
Contract Term: 7/1/2020 to 6/30/2025
Contractor Name: University Pathologists Laboratories, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction University Hospital Lab

- 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 Partners	Number of Hours Worked	Amount Payable Under the Contract
Physicians, Pathologists 29-1222.00	24	48 K/yr	\$3.6M/yr
Total this page	24	48 K/yr	\$3.6 M/yr
Grand Total	24	48 K/yr	\$3.6M/yr

Name of person who prepared this report: Michel Nasr, MD

Preparer's Signature: 

Title: President Phone #: 315-657-4692

Date Prepared: 04/15/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 23 to March 31, 24**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505064
Contract Term: 8/1/2019 to 7/31/24
Contractor Name: Physical Medicine and Rehabilitation MSG, LLP
Contractor Address: 750 East Adams Street, Syracuse, New York 13210
Description of Services Being Provided Pain Management 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
29-129.04	1	2,080	\$378,863.68
Total this page			
Grand Total		2,080	\$378,863.68


Name of person who prepared this report: Christopher L. Lalone
 Preparer's Signature: 
 Title: Business Manager Phone #: 315-464-2240
 Date Prepared: 04/16/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, to March 31,
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Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____ _____
--

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: *Cristine C. Saave* _____

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary)

Page of

Area:
Mail/Send Date:

Exhibit Y

FORM B

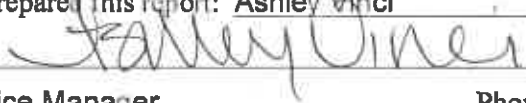
OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505132
Contract Term: 07/01/2020 to 06/30/2025
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction

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
Physicians and Surgeons-All Other	5	2,288	\$311,441.00
Total this page	5	2,288	\$311,441.00
Grand Total	5	2,288	\$311,441.00

Name of person who prepared this report: Ashley Vinci
Preparer's Signature: 
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 505159 Agency Business Unit:
 Contract Term: 01/20/2020 to 01/19/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Psychiatric Nurse Practitioner 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
Nurse Practitioner - 29-1171.00	1.00	2,513.00	\$202,604.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	2,513.00	\$202,604.00
Grand Total	1.00	2,513	\$202,604.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: C-505177
 Contract Term: 07/01/2023 to 06/30/2024
 Contractor Name: Upstate Orthopedics, LLP
 Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057
 Description of Services Being Provided Community Hospital Co-Management Agreement

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 Managers			
11-9111.00 / 29-1242.00	3	840	\$500,000.00
Total this page	3	840	500,000.00
Grand Total	3	840	\$500,000.00

Name of person who prepared this report: David Egresits
 Preparer's Signature: *David Egresits*
 Title: Accountant Phone #: 315-464-8197
 Date Prepared: 04/16/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 505183 Agency Business Unit:
 Contract Term: 01/1/2020 to 12/31/2024 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Ambulatory Psychiatry Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	750.00	\$150,040.00
	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	750.00	\$150,040.00
Grand Total	1.00	750	\$150,040.00

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: Terri Weston
 Date Prepared: 05/15/2024

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, to March 31,
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Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____ _____
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Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Laive

Title: _____ Phone #: _____

Date Prepared: _____

Exhibit Y

FORM B

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Sauer

Title: _____ Phone #: _____

Date Prepared: _____

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 505397 Agency Business Unit:
 Contract Term: 8/1/2020 to 7/31/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Child Psychiatrist - IOP

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	1,040.00	\$160,884.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,040.00	\$160,884.00
Grand Total	1.00	1,040	\$160,884.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 505398 Agency Business Unit:
 Contract Term: 8/1/2020 to 7/31/2024 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Medical Direction - IOP

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	2.00	693.00	\$103,523.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	693.00	\$103,523.00
Grand Total	2.00	693	\$103,523.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 505399 Agency Business Unit:
 Contract Term: 8/1/2020 to 7/31/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Child Psychiatrists - Child Clinic

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	2.00	1,248.00	\$182,160.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,248.00	\$182,160.00
Grand Total	2.00	1,248	\$182,160.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

FORM B

New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024
--

Contracting State Agency Name: SUNY Upstate Medical University	
Contract Number: C-505453	Agency Business Unit: 28110
Contract Term: 12/31/2020 to 12/31/2025	Agency Department ID: 3320211
Contractor Name: TeleTracking Technologies Inc.	
Contractor Address: 336 Fourth Ave #7 Pittsburgh, PA 15222	
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 checked="" type="checkbox"/> Other IT consulting	
<input type="checkbox"/> Engineering <input type="checkbox"/> Architect Services <input type="checkbox"/> Surveying <input type="checkbox"/> Environmental Services	
<input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Accounting <input type="checkbox"/> Auditing <input type="checkbox"/> Paralegal <input type="checkbox"/> Legal <input type="checkbox"/> Other Consulting	

Employment Category	Number of Employees	Number of Hours to Worked	Amount Payable Under the Contract
15-1299.09 Information Technology Project Managers [Consultants]	4	352.50	\$0.00
Total this page			\$0.00
Grand Total			\$0.00

Name of person who prepared this report: BACHEL SNYDER
 Title: JR. SALES OPERATIONS ANALYST Phone #: 1-800-927-0294
 Preparer's Signature: *Rachel Snyder*
 Date Prepared: 04/29/2024
 (Use additional pages, if necessary)

Exhibit Y

FORM B

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____ _____
--

Scope of Contract (Choose one that best fits): Analysis <input type="checkbox"/> Evaluation <input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/> Data Processing <input type="checkbox"/> Computer Programming <input type="checkbox"/> Other IT consulting <input type="checkbox"/> Engineering <input type="checkbox"/> Architect Services <input type="checkbox"/> Surveying <input type="checkbox"/> Environmental Services <input type="checkbox"/> Health Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Accounting <input type="checkbox"/> Auditing <input type="checkbox"/> Paralegal <input type="checkbox"/> Legal <input type="checkbox"/> Other Consulting <input type="checkbox"/>			
---	--	--	--

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Saxe

Title: _____ Phone #: _____

Date Prepared: _____

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
 Contract Number: C-505493
 Contract Term: 10/1/23 to 9/30/26
 Contractor Name: Ophthalmology Medical Service Group Inc
 Contractor Address: 550 Harrison Street, Suite L, Syracuse, NY 13202
 Description of Services Being Provided Physician Services - Pediatric Ophthalmology 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
Physician Services Agreement	1	2,600	\$437,170.05
Total this page	1	2600	\$437,170.05
Grand Total	1	2,600	\$437,170.05

Name of person who prepared this report: Diedre L. Booser
 Preparer's Signature: *Diedre Booser*
 Title: Business Manager Phone #: 315-464-8129
 Date Prepared: 04/22/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: C505555
Contract Term: 2021 to 2025
Contractor Name: Royal Temporaries Inc dba Stafkings Personnel Systems
Contractor Address: 66 Hawley St. Binghamton NY 13902
Description of Services Being Provided Temporary Clerical , Administrtive and other Support Personnel 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
Medical Office Assistant	4	2,205	\$75,773.89
Stores Clerk	19	12,568	\$383,665.72
Calculations Clerk II	11	7,781	\$250,922.27
Dental Assistant	1	1,094	\$31,481.62
Cleaner	11	5,563	\$184,186.80
Hospital Patient Service Clerk	12	7,383	\$256,404.55
Calculations Clerks	2	65	\$2,032.40
Administrative Assistant	4	2,011	\$82,754.87
Nursing Station Clerk	2	2,355	\$78,657.18
Clerk II	8	4,148	\$137,214.48
Patient Transport	2	2,007	\$58,058.03
Supply Assistant	8	4,628	\$135,210.16
Clerical/Keyboarding I	1	724	\$20,829.53
Total this page			
Grand Total	85	52,532	\$1,697,191.10

Name of person who prepared this report: Tami Rowe

Preparer's Signature: *Tami Rowe*

Title: General Manager Phone #: 315-234-1029

Date Prepared: 04/24/2024

Use additional pages if necessary)

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 505570 Agency Business Unit:
 Contract Term: 1/1/2021 to 12/31/2023 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Medical Direction - IOP

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	624.00	\$100,743.00
.....	0.00	0.00	\$0.00
.....	0.00	0.00	\$0.00
.....	0.00	0.00	\$0.00
.....	0.00	0.00	\$0.00
.....	0.00	0.00	\$0.00
.....	0.00	0.00	\$0.00
.....	0.00	0.00	\$0.00
.....	0.00	0.00	\$0.00
.....	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	624.00	\$100,743.00
Grand Total	1.00	624	\$100,743.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Lowe

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) Page of

Area:
Mail/Send Date:

<p>OSC Use Only: Reporting Code: Category Code:</p>
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<p>State Consultant Services Contractor's Annual Employment Report Report Period: April 1, to March 31,</p>
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Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____ _____
--

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: *Cristine C. Saxe*

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) _____ Page of _____

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 : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: _____
 Contract Term: _____ to _____
 Contractor Name: _____
 Contractor Address: _____
 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
Total this page			
Grand Total			

Name of person who prepared this report: _____
 Preparer's Signature: Cristine C. Lave
 Title: _____ Phone #: _____
 Date Prepared: _____

Use additional pages if necessary) Page of

Area:
 Mail/Send Date:

Exhibit Y

FORM B

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Lawrence

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) Page of

Area:
Mail/Send Date:

Exhibit Y

FORM B

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ 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
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: *Cristine C. Sauer*

Title: _____ Phone #: _____

Date Prepared: _____

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ 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
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Lowe

Title: _____ Phone #: _____

Date Prepared: _____

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C/X-505721
Contract Term: 07/01/2022 to 06/30/2026
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Provider Based Clinic 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
Physicians and Surgeons-All Other	33	14,040	\$218,285.00
Total this page	33	14,040	\$218,285.00
Grand Total	33	14,040	\$218,285.00

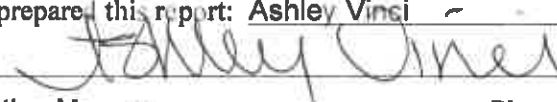
Name of person who prepared this report: Ashley Vinci
Preparer's Signature: 
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024

Exhibit Y

FORM B


OSC Use Only: Reporting Code: Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 23 to March 31, 24

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: C-505723
 Contract Term: 7/1/2021 to 6/30/26
 Contractor Name: Physical Medicine and Rehabilitation MSG, LLP
 Contractor Address: 750 East Adams Street, Syracuse, New York 13210
 Description of Services Being Provided Concussion Management 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
29-129.04	2	1,664	\$269,503.77
Total this page			
Grand Total		1,664	\$269,503.77

Name of person who prepared this report: Christopher L. Lalone
 Preparer's Signature: 
 Title: Business Manager Phone #: 315-464-2240
 Date Prepared: 04/16/2024

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____

- Scope of Contract (Choose one that best fits):**
- | | | | |
|--|---|--|---|
| Analysis <input type="checkbox"/> | Evaluation <input type="checkbox"/> | Research <input type="checkbox"/> | Training <input type="checkbox"/> |
| Data Processing <input type="checkbox"/> | Computer Programming <input type="checkbox"/> | Other IT consulting <input type="checkbox"/> | |
| Engineering <input type="checkbox"/> | Architect Services <input type="checkbox"/> | Surveying <input type="checkbox"/> | Environmental Services <input type="checkbox"/> |
| Health Services <input type="checkbox"/> | Mental Health Services <input type="checkbox"/> | | |
| Accounting <input type="checkbox"/> | Auditing <input type="checkbox"/> | Paralegal <input type="checkbox"/> | Legal <input type="checkbox"/> |
| | | | Other Consulting <input type="checkbox"/> |

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Lawe

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) Page of

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: C-505730
 Contract Term: 7/1/21 to 6/30/26
 Contractor Name: Ophthalmology Medical Service Group Inc
 Contractor Address: 550 Harrison Street, Suite L, Syracuse, NY 13202
 Description of Services Being Provided Medical Director - Ophthalmology at Center for Vision Services C-505730

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
Medical Director - Ophthalmology at Center for Vision Services C-505730	1	624	136,898.04
Total this page	1	624	136,898.04
Grand Total	1	624	\$136,898.04

Name of person who prepared this report: Diedre L. Booser

Preparer's Signature: *Diedre Booser*

Title: Business Manager Phone #: 315-464-8129

Date Prepared: 04/22/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505731
Contract Term: 07/01/2021 to 06/30/2026
Contractor Name: Upstate Orthopedics, LLP
Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057
Description of Services Being Provided Quality Officer Physician Services for the Upstate Hospital's Orthopedic Surgery Services Program

- 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 Manager			
11-9111.00/29-1242.00	1	416	\$92,511.00
Total this page	1	416	92,511
Grand Total	1	416	\$92,511.00

Name of person who prepared this report: David Egresits

Preparer's Signature: David Egresits

Title: Accountant Phone #: 315-464-8197

Date Prepared: 04/16/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C505748 Agency Business Unit:
 Contract Term: 04/01/2021 to 03/31/2024 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Psychiatric Hospitalists Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	10.00	22,551.00	\$3,401,081.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	22,551.00	\$3,401,081.00
Grand Total	10.00	22,551.00	\$3,401,081.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 5/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 505749 Agency Business Unit:
 Contract Term: 6/1/2021 to 5/31/24 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Medical Direction

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	5.00	1,872.00	\$295,722.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	5.00	1,872.00	\$295,722.00
Grand Total	5.00	1,872	\$295,722.00

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: Terri Weston
 Date Prepared: 05/15/2024

Exhibit Y

FORM B

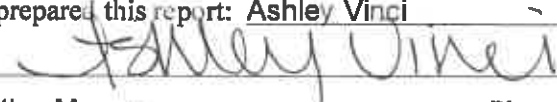
OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505783
Contract Term: 07/01/2021 to 06/30/2026
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Neurocritical Care Medical Direction

- 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
Physicians and Surgeons-All Other	1	416	\$73,672.00
Total this page	1	416	\$73,672.00
Grand Total	1	416	\$73,672.00

Name of person who prepared this report: Ashley Vinci
Preparer's Signature: 
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Upstate Medical University
 Contract Number: C-505794 Agency Business Unit:
 Contract Term: 07/01/2021 to 06/30/2024 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, New York 13210
 Description of Services Being Provided: Psychiatric Consultation Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29.1066.00	1.00	416.00	\$74,094.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	416.00	\$74,094.00
Grand Total	1.00	416	\$74,094.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

Exhibit Y
FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
 Contract Number: C-505797
 Contract Term: 01/01/2022 to 12/31/2026
 Contractor Name: Upstate Orthopedics, LLP
 Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057
 Description of Services Being Provided Orthopedic Trauma On Call, Spinal Trauma On Call and
 Pedicatri Orthopedic Trauma On Call Coverage for University Hospital

- 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
29-1242.00 Trauma Coverage	1	8,784	\$439,200.00
29-1242.00 Spine Coverage	1	8,784	\$100,274.00
29-1243.00 - Pediatric Coverage	1	8,784	\$183,000.00
Total this page	3	26,352	722,474
Grand Total	3	26,352	\$722,474.00

Name of person who prepared this report: David Egresits
 Preparer's Signature: *David Egresits*
 Title: Accountant Phone #: 315-464-8197
 Date Prepared: 04/16/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505797
Contract Term: 01/01/2022 to 12/31/2026
Contractor Name: Upstate Orthopedics, LLP
Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057
Description of Services Being Provided Orthopedic Trauma On Call, Spinal Trauma On Call and
Pedicatri Orthopedic Trauma On Call Coverage for University Hospital

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
29-1242.00 Trauma Coverage	1	8,784	\$366,000.00
Total this page	1	8784	366,000
Grand Total	1	8,784	\$366,000.00

Name of person who prepared this report: David Egresits

Preparer's Signature: *David Egresits*

Title: Accountant Phone #: 315-464-8197

Date Prepared: 04/16/2024

Use additional pages if necessary)

Exhibit Y

OSC Use Only:
Reporting Code:
Category Code:

FORM B

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505810
Contract Term: 11/11/2021 to 11/10/2026
Contractor Name: First Choice Staffing
Contractor Address: 7525 Morgan Road, Liverpool, NY 13090
Description of Services Being Provided Payroll Service for SUNY Standardized Patient Program and ATLS Program

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
Education, Administrators, All others	4	26	\$3,044.20
Education, training, & Library workers, All others	62	12,352	\$273,484.65
milage	5		\$2,666.25
Total this page			
Grand Total	71	12,378	\$279,195.10

Name of person who prepared this report: Karen Nabinger

Preparer's Signature: 

Title: Supervisor

Phone #: 315-453-5533

Date Prepared: 05/13/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:


State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2025

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-505998
Contract Term: 10/1/2022 to 9/30/2027
Contractor Name: University Pathologists Laboratories, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Staff 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
29-2011.00 (Med Techs)	72.60	~ 148 K/yr	\$4. M/yr
43-5021.00 (Couriers)			
43-6031.00 (Medical Secretaries and Admin Assistants)			
31-9097 (Phlebotomists)			
Total this page	72.60	~ 148 K/yr	4.4 M/yr
Grand Total	72.60	~ 148 K/yr	\$4. M/yr

Name of person who prepared this report: Michel Nasr
 Preparer's Signature: 
 Title: President Phone #: 315-657-4692

Date Prepared: 04/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506016 Agency Business Unit:
 Contract Term: 01/01/2022 to 12/31/2024 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Psychiatric Nurse Practitioner 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
Nurse Practitioner - 29-1171.00	1.00	2,080.00	\$152,143.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	2,080.00	\$152,143.00
Grand Total	1.00	2,080	\$152,143.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506138 Agency Business Unit:
 Contract Term: 7/1/2022 to 6/30/25 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Medical Direction - Inpatient Adolescent Unit at Hutchings

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	416.00	\$72,567.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	416.00	\$72,567.00
Grand Total	1.00	416	72567

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: Terri Weston
 Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C506200 Agency Business Unit:
 Contract Term: 07/01/2022 to 06/30/2023 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Psychiatric Hospitalists Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	5.00	1924	\$364,128.50
	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	5.00	1,924.00	\$364,128.50
Grand Total	5.00	1,924	364128.50

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: *Terri Weston*
 Date Prepared: 5/15/2024

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C/X-506201
Contract Term: 07/01/2022 to 06/30/2027
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Cognitive Neurologist

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
Physicians and Surgeons-All Other	1	2,080	\$241,068.00
Total this page	1	2,080	\$241,068.00
Grand Total	1	2,080	\$241,068.00

Name of person who prepared this report: Ashley Vinci
Preparer's Signature: *Ashley Vinci*
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024
Use additional pages if necessary)

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506210 Agency Business Unit:
 Contract Term: 07/01/2023 to 06/30/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Medical Direction

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	117.00	\$20,831.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	117.00	\$20,831.00
Grand Total	1.00	117	20831

Name of person who prepared this report: Terri Weston
 Title: CFO
 Preparer's Signature: *Terri Weston (Terri)* Phone #: 315-464-3119
 Date Prepared: 5/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506257 Agency Business Unit:
 Contract Term: 07/01/2022 to 6/30/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Psychiatric Nurse Practitioner 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
Nurse Practitioner - 29-1171.00	1.00	1,664.00	\$198,547.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,664.00	\$198,547.00
Grand Total	1.00	1,664	\$198,547.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

Exhibit Y

FORM B

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ Description of Services Being Provided _____ _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Cristine C. Sauer

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) Page of

Area:
Mail/Send Date:

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506319 Agency Business Unit:
 Contract Term: 10/1/2022 to 9/30/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Adult and Child Psychiatric Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	1.00	1,560.00	\$188,212.50
	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	1,560.00	\$188,212.50
Grand Total	1.00	1,560	\$188,212.50

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: Terri Weston
 Date Prepared: 05/15/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 23 to March 31, 24

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-506321
Contract Term: 1/1/2023 to 12/31/27
Contractor Name: Physical Medicine and Rehabilitation MSG, LLP
Contractor Address: 750 East Adams Street, Syracuse, New York 13210
Description of Services Being Provided Medical Direction

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
29-129.04	5	3,952	\$731,724.00
Total this page			
Grand Total		3,952	\$731,724.00


Name of person who prepared this report: Christopher L. Lalone
Preparer's Signature: 
Title: Business Manager Phone #: 315-464-2240
Date Prepared: 04/16/2024

Exhibit Y

FORM B

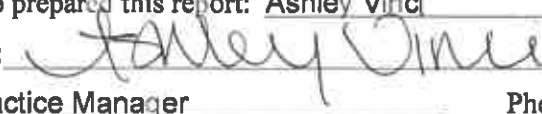
OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C/X-506354
Contract Term: 10/15/2022 to 10/14/2026
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Endovascular Neurologist 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
Physicians and Surgeons-All Other	1	2,080	\$391,224.00
Total this page	1	2,080	\$391,224.00
Grand Total	1	2,080	\$391,224.00

Name of person who prepared this report: Ashley Vinci
Preparer's Signature: 
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024

Use additional pages if necessary)

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506379 Agency Business Unit:
 Contract Term: 12/1/2022 to 11/30/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Weekend Rounding 4B

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
Nurse Practitioner - 29-1171.0	9.00	1,520.00	\$192,231.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	9.00	1,520.00	\$192,231.00
Grand Total	9.00	1,520	\$192,231.00

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: *Terri Weston*
 Date Prepared: 05/15/2024

Exhibit Y

FORM B

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: _____
Contract Term: _____ to _____
Contractor Name: _____
Contractor Address: _____
Description of Services Being Provided _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Christine C. Lave

Title: _____ Phone #: _____

Date Prepared: _____

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506440 Agency Business Unit:
 Contract Term: 12/30/2022 to 12/29/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Weekend Rounding 7W

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
Nurse Practitioner - 29-1171.00	4.00	1,425.00	\$100,364.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,425.00	\$100,364.00
Grand Total	4.00	1,425	\$100,364.00

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506505 Agency Business Unit:
 Contract Term: 02/13/2023 to 02/12/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Psychiatric Nurse Practitioner 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
Nurse Practitioner - 29-1171.00	1.00	2,340.00	\$210,438.54
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	2,340.00	\$210,438.54
Grand Total	1.00	2,340	\$210,438.54

Name of person who prepared this report: Terri Weston

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: Terri Weston

Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C/X 506594 Agency Business Unit:
 Contract Term: 06/01/2023 to 05/31/2026 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Inpatient Child Consultation

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
Clinical Psychologist 19-3031.02	1.00	1,733.00	\$155,726.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,733.00	\$155,726.00
Grand Total	1.00	1,733	\$155,726.00

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: Terri Weston
 Date Prepared: 05/15/2024

Exhibit Y

FORM B

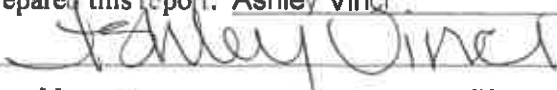
OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-506655
Contract Term: 07/01/2023 to 06/30/2027
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided On Call 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
Physicians and Surgeons-All Other	40	38,316	\$797,674.00
Total this page	40	38,316	\$797,674.00
Grand Total	40	38,316	\$797,674.00

Name of person who prepared this report: Ashley Vinci
Preparer's Signature: 
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506675 Agency Business Unit:
 Contract Term: 07/01/2023 to 06/30/2026 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: On Call Psychiatry Coverage Services

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	12.00	4,917.00	\$792,600.00
	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
Total this Page	12.00	4,917.00	\$792,600.00
Grand Total	12.00	4,917	\$792,600.00

Name of person who prepared this report: Terri Weston
 Title: CFO
 Preparer's Signature: Terri Weston (Terri) Phone #: 315-464-3119
 Date Prepared: 05/15/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: C 506740 Agency Business Unit:
 Contract Term: 08/1/2023 to 07/31/2024 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Clinical Supervision

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
Clinical Psychologist - 19-331.02	1.00	277.00	\$28,489.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	277.00	\$28,489.00
Grand Total	1.00	277	\$28,489.00

Name of person who prepared this report: Terri Weston
 Title: CFO Phone #: 315-464-3119
 Preparer's Signature: Terri Weston
 Date Prepared: 05/15/2024

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: _____
Contract Term: _____ to _____
Contractor Name: _____
Contractor Address: _____
Description of Services Being Provided _____

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: Christine C. Lave

Title: _____ Phone #: _____

Date Prepared: _____

Use additional pages if necessary) Page of

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: C-600963
Contract Term: 09/01/2020 to 08/31/2025
Contractor Name: Upstate Orthopedics, LLP
Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057
Description of Services Being Provided Internal Cost Savings Agreement for Orthopedics

- 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
11-9111.00 / 29-1242.00	1	48	
Total this page	1	48	
Grand Total	1	48	

Name of person who prepared this report: David Egresits
Preparer's Signature: *David Egresits*
Title: Accountant Phone #: 315-464-8197
Date Prepared: 04/16/2024

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: CM03203
 Contract Term: _____ to _____
 Contractor Name: Heslin Rothenberg Farley & Mesiti P.C.
 Contractor Address: 5 Columbia Circle, Albany, NY 12203
 Description of Services Being Provided Legal services for trademark registration, licensing, and related matters

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
23-1011.00 Lawyers	1	10	\$13,257.00
Total this page	1	10	\$13,257.00
Grand Total	1	10	\$13,257.00

Name of person who prepared this report: Samuel J. Duro

Preparer's Signature: *Samuel J. Duro*

Title: Business Manager Phone #: 518-452-5600

Date Prepared: 04/12/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: CM03569
Contract Term: 11/26/2023 to 11/25/2024
Contractor Name: FustCharles LLP
Contractor Address: 220 S. Warren St., Syracuse, NY 13202
Description of Services Being Provided Financial statement audit services for the year ending December 31, 2023. Present the firm's audit plan and the results of the audit to the State University Audit Committee. Provide an independent auditors' report on the hospital financial statements.

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
13-2011.00 Accountants and Auditors	11	205	\$116,145.05
Total this page	11	205	\$116,145.05
Grand Total	11	205	\$116,145.05

Name of person who prepared this report: Tricia Sherwood
Preparer's Signature: *Tricia M. Sherwood*
Title: Partner/CFO Phone #: 315-446-3600
Date Prepared: 4/19/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: CM03681
Contract Term: October 21, 2023 to October 20, 2025
Contractor Name: Hogan Lovells US LLP
Contractor Address: 555 13th Avenue NW, Washington, DC 20004
Description of Services Being Provided Legal 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
23-2011.0 Partners	7	54	\$50,384.26
23-2011.0 Sr. Associates	6	34	\$23,387.96
23-2011.0 Associates	1	8	\$4,542.33
Total this page			
Grand Total	14	96	\$78,314.55

Name of person who prepared this report: Jeffrey G. Schneider
Preparer's Signature: [Signature]
Title: Partner Phone #: 212-918-3503
Date Prepared: 04/29/2024

Use additional pages if necessary)

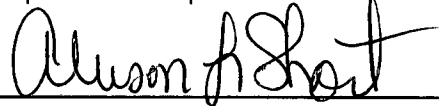
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Upstate Medical University
 Contract Number: PO 051800B Agency Business Unit: N/A
 Contract Term: 4/07/2022 to / / Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: Neuro

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
17-3011.00	1.00	3.50	\$364.56
17-2141.00	2.00	3.75	\$506.25
43-9199.00	1.00	0.75	\$59.25
	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
Total this Page	4.00	8.00	\$ 930.06
Grand Total	4.00	8	\$930.06

Name of person who prepared this report: Allison L Short
 Title: Business Manager
 Preparer's Signature: 
 Date Prepared: 4/23/2024
 Phone #: 607-273-7600 Ext.155

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Upstate Medical University
 Contract Number: PO 056255 Agency Business Unit:
 Contract Term: 4/14/2021 to / / Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: Prisoner Unit Room

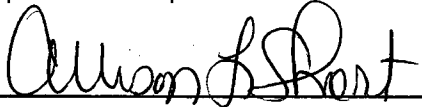
Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-3011.00	1.00	1.00	\$104.16
17-2141.00	2.00	6.00	\$810.00
17-2071.00	1.00	1.50	\$228.00
43-9199.00	1.00	4.25	\$347.75
	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
Total this Page	5.00	12.75	\$1,489.91
Grand Total	5.00	12	\$1,489.91

Name of person who prepared this report: Allison L. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: 

Date Prepared: 4/23/2024

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Upstate Medical University
 Contract Number: PO 057197
 Agency Business Unit:
 Contract Term: 8/6/2021 to / / Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: Adult Behavior Door

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
11-9041.00	1.00	0.75	\$83.87
Total this Page	1.00	0.75	\$ 83.87
Grand Total	1.00	0	\$83.87

Name of person who prepared this report: Allison L. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: 

Date Prepared: 4/17/2024

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Upstate Medical University
 Contract Number: PO058572B Agency Business Unit:
 Contract Term: 05/18/2022 to / / Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: 7WNurse

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
17-3011.00	2.00	3.50	\$367.50
17-2141.00	1.00	1.00	\$135.00
17-2071.00	1.00	1.00	\$152.00
43-9199.00	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	5.50	\$ 654.50
Grand Total	4.00	5	\$654.50

Name of person who prepared this report: Alison L. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: 

Date Prepared: 4/23/2024

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: Upstate Medical University
 Contract Number: PO 956139 Agency Business Unit:
 Contract Term: 5/07/2020 to / / Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: UMU Phase 4 Lobby Reno

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
17-3011.00	1.00	6.50	\$677.04
Total this Page	1.00	6.50	\$ 677.04
Grand Total	1.00	6	\$677.04

Name of person who prepared this report: Allison D. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: 

Date Prepared: 4/15/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: <u>RFP S-1338</u> Contract Term: <u>04/01/2023</u> to <u>03/31/2024</u> Contractor Name: <u>Commercial Investigations LLC</u> Contractor Address: <u>622 Loudon Road Suite 201</u> Description of Services Being Provided: <u>Background Investigations</u>
--

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
Investigators (Ops)	22	704	\$176,596.88
Total this page	22	704	\$176,596.88
Grand Total	22	704	\$176,596.88

Name of person who prepared this report: Michelle Pyan

Preparer's Signature: *Michelle Pyan*

Title: Owner and President Phone #: 800-284-0908

Date Prepared: 04/26/2024

Exhibit Y

FORM B

OSC Use Only:
 Reporting Code:
 Category Code:

State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: RFP #S-1345
 Contract Term: 2022 to 2026
 Contractor Name: Tipton Communications Group, Inc.
 Contractor Address: 323 E. Main Street, Newark, DE 19711
 Description of Services Being Provided: Nursing Excellence Documentation Review and Consulting

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
27-3042.00 - Technical Writers	8	130	\$29,250.00
13-1111.00 - Management Analysts	2	0	0
11-3131.00 - Training and Development Managers	2	28	\$17,136.09
Total this page			
Grand Total			\$46,386.09

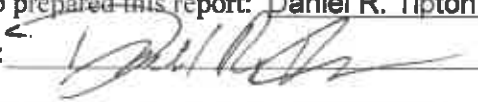
Name of person who prepared this report: Daniel R. Tipton
 Preparer's Signature: 
 Title: President Phone #: 302-454-7901
 Date Prepared: 04/12/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: RFP S-1435
Contract Term: 04/01/2023 to 03/31/2024
Contractor Name: Commercial Investigations LLC
Contractor Address: 622 Loudon Road Suite 201
Description of Services Being Provided Drug Testing

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
Investigators (Ops)	22	236.5	\$67,620.68
Total this page	22	236.5	\$67,620.68
Grand Total	22	236.5	\$67,620.68

Name of person who prepared this report: Michelle Pyan
Preparer's Signature: *Michelle Pyan*
Title: Owner and President Phone #: 800-284-0906
Date Prepared: 04/26/2024

Exhibit Y

FORM B

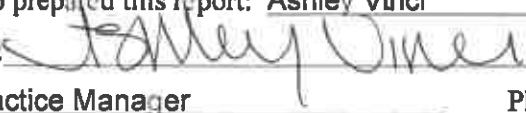
OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: T-505672
Contract Term: 07/01/2021 to 06/30/2026
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Quality Officer

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
Physicians and Surgeons-All Other	1	208	\$33,012.00
Total this page	1	208	\$33,012.00
Grand Total	1	208	\$33,012.00

Name of person who prepared this report: Ashley Vinci
Preparer's Signature: 
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024

Use additional pages if necessary)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University

Contract Number: T-505893 Agency Business Unit: 28110
 Contract Term: 2/1/2022 to 1/31/2025 Agency Department ID: 3320211

Contractor Name: MeidcalPeople Staffing LLC
 Contractor Address: 1780 Wehrle Drive Suite 105
 Williamsville], NY 14221

Description of Services Being Provided: Clinical Temporary Staffing 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 Worked	Amount Payable Under the Contract
29-1141.04 Clinical Nurse Specialist	9	9,430.5	\$1,436,936.46
Total this page		9,430.5	\$1,436,936.46
Grand Total		9,430.5	1,436,936.46

Name of person who prepared this report: Renee Budelwshi
 Title: Payroll Specialist Phone #: (716) 650-4521
 Preparer's Signature: Renee Budelwshi
 Date Prepared: 5/9/24

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

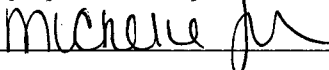
Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-505962
 Contract Term: 11/29/2021 to 11/28/2024
 Contractor Name: CR Fletcher Temps
 Contractor Address: 126 N Salina St, Suite 107, Syracuse, NY 13202
 Description of Services Being Provided Temporary Material Management Expeditors

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
13-1071.00 HR Specialist	1	500	\$16,250.00
43-4161.00 HR Assistsant	1	100	\$2,000.00
13-2011.01 Accountant	1	100	\$3,000.00
Total this page			
Grand Total			\$21,250.00

Name of person who prepared this report: Michelle Jervis

Preparer's Signature: 

Title: President

Phone #: 315-471-1000

Date Prepared: 5/7/2024

AC 3272-S (Effective 4/12)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical Univesity
 Contract Number: T506108 Agency Business Unit:
 Contract Term: 03/01/2022 to 02/28/2025 Agency Department ID: 28110
 Contractor Name: Psychiatry Faculty Practice, Inc.
 Contractor Address: 719 Harrison Street, Syracuse, NY 13210
 Description of Services Being Provided: Medical Direction

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatrist - 29-1066.00	2.00	507.00	\$92,517.47
Clinical Psychologist - 19-3031.02	1.00	4.00	\$469.79
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	511.00	\$92,987.26
Grand Total	3.00	511	\$92,987.26

Name of person who prepared this report: Terri Weston
 Title: CFO
 Preparer's Signature: *Terri J Weston (Terri)* Phone #: 315-464-3119
 Date Prepared: 05/15/2024

Exhibit Y
FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-506109
 Contract Term: 7/1/22 to 6/3025
 Contractor Name: Wireless Business Group, LLC
 Contractor Address: 1620 Burnet Avenue, Syracuse, NY 13206
 Description of Services Being Provided Manage Upstate Hospital's wireless/cellular services. Review invoices each month, order cellular equipment, provide handset technical support, help with provisioning of drones and also work with Telecom office on inbuilding coverage issues.

- 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
Telecommunications Engineering Specialists	6	385	\$56,700.00
Total this page	6	385	\$56,700
Grand Total	6	385	\$56,700


Name of person who prepared this report: Thomas Huegel
 Preparer's Signature: 
 Title: Senior Partner Phone #: 3157010855
 Date Prepared: 04/12/2024
 Use additional pages if necessary) Page of

Exhibit Y

FORM B

OSC Use Only:
 Reporting Code:
 Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-506120
 Contract Term: 5/16/2022 to 5/15/2025
 Contractor Name: CR Fletcher Temps
 Contractor Address: 126 N Salina St, Suite 107, Syracuse, NY 13202
 Description of Services Being Provided Temporary Clerical, Administrative, and other Support Personnel 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
13-1071.00 HR Specialist	2	3,000	\$97,500.00
43-4161.00 HR Assistsant	2	1,500	\$30,000.00
13-2011.01 Accountant	1	1,500	\$37,500.00
11-3121.00 HR Manager	1	500	\$25,000.00
Total this page			
Grand Total			\$190,000.00

Name of person who prepared this report: Michelle Jervis
 Preparer's Signature: *Michelle*
 Title: President Phone #: 315-471-1000
 Date Prepared: 5/7/2024

Use additional pages if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: T-506121 (includes AOA #1) Agency Business Unit: SNY01
 Contract Term: 5/16/2022 to 5/15/2025 Agency Department ID: 3320211
 Contractor Name: First Choice Staffing
 Contractor Address: 7525 Morgan Road, Liverpool, NY 13090
 Description of Services Being Provided: Temporary Clerical, Administrative and Other Support Personnel Services Contract

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
Medical Secretaries and Administrative Assistants	47.00	45,044.00	\$1,663,072.53
Orderlies	2.00	324.75	\$9,937.35
Janitors and Cleaners	2.00	359.00	\$5,463.53
Supplemental Benefits	2.00	241.00	\$2,082.86
Material Handler	1.00	162.50	\$5,470.21
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	54.00	46,131.25	\$1,686,026.48
Grand Total	52.00	46,131	\$1,686,026.48

Name of person who prepared this report: Karen Nabinger

Title: Supervisor

Phone #: 315-453-5533

Preparer's Signature: 

Date Prepared: 05/13/2024

Exhibit Y

OSC Use Only: Reporting Code: Category Code:

FORM B

<p>State Consultant Services Contractor's Annual Employment Report</p> <p>Report Period: April 1, 2023 to March 31, 2024</p>
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Contracting State Agency Name : <u>SUNY Upstate Medical University</u>		Agency Code: <u>28110</u>
Contract Number: <u>T-506122</u>		
Contract Term: <u>2023</u> to <u>2024</u>		
Contractor Name: <u>Royal Temporaries, Inc. DBA Staffings Personnel Systems</u>		
Contractor Address: <u>120 E Washington St Suite 901 Syracuse, NY 13202</u>		
Description of Services Being Provided <u>Provide temporary clerical, administrative, and other support personnel positions/staffing.</u>		

Scope of Contract (Choose one that best fits):			
Analysis <input type="checkbox"/>	Evaluation <input type="checkbox"/>	Research <input type="checkbox"/>	Training <input type="checkbox"/>
Data Processing <input type="checkbox"/>	Computer Programming <input type="checkbox"/>	Other IT consulting <input type="checkbox"/>	
Engineering <input type="checkbox"/>	Architect Services <input type="checkbox"/>	Surveying <input type="checkbox"/>	Environmental Services <input type="checkbox"/>
Health Services <input type="checkbox"/>	Mental Health Services <input type="checkbox"/>		
Accounting <input type="checkbox"/>	Auditing <input type="checkbox"/>	Paralegal <input type="checkbox"/>	Legal <input type="checkbox"/>
			Other Consulting <input checked="checked" type="checkbox"/>

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Dental Assistant	1	1,094	\$31,481.57
Janitors and Cleaners	11	5,562	\$184,186.50
Medical Secretaries and Administrative Assistants	9	4,701	\$175,161.35
Office Clerks, General	53	33,815	\$1,092,262.84
Orderlies	1	1,431	\$41,437.83
Stockers and Order Fillers	10	5,204	\$151,830.25
Word Processors and Typist	1	724	\$20,829.48
Total this page	86	52,531	\$1,697,189.82
Grand Total	86	52,531	\$1,697,189.82

Name of person who prepared this report: Kelly McDonough

Preparer's Signature: 

Title: Senior Accountant Phone #: 607-772-8080

Date Prepared: 04/25/2024

Exhibit Y

FORM B

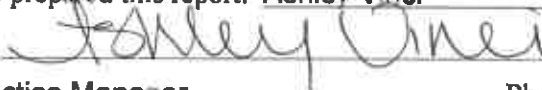
OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: T-506207
Contract Term: 07/01/2022 to 06/30/2027
Contractor Name: Neurology Medical Service Group LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Sleep Medical Direction

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
Physicians and Surgeons-All Other	1	104	\$8,379.00
Total this page	1	104	\$8,379.00
Grand Total	1	104	\$8,379.00

Name of person who prepared this report: Ashley Vinci
Preparer's Signature: 
Title: Principal Practice Manager Phone #: 315-464-5013
Date Prepared: 05/15/2024

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 : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: _____ Contract Term: _____ to _____ Contractor Name: _____ Contractor Address: _____ 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
Total this page			
Grand Total			

Name of person who prepared this report: _____

Preparer's Signature: *Cristine C. Saver* _____

Title: _____ Phone #: _____

Date Prepared: _____

Exhibit Y

FORM B

OSC Use Only: 13-

Reporting Code:

Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-506387
 Contract Term: 5/22/23 to 9/23
 Contractor Name: CR Fletcher Associates, Inc.
 Contractor Address: 126 North Salina Street Suite 107 Syracuse, NY 13202
 Description of Services Being Provided Professional Recruitment 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
13-1071.00 HR Specialist	1	100	\$0.00
Total this page			
Grand Total	1	100	\$0.00

Name of person who prepared this report: Joanne Rauch

Preparer's Signature: 

Title: President

Phone #: 315-471-1000

Date Prepared: 4/22/2024

Use additional pages if necessary)

Page of

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: T-506678 Agency Business Unit: 28110
 Contract Term: 07/01/2023 to 09/30/2024 Agency Department ID: 3320211
 Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)
 Contractor Address: 1173 Ignition Drive, South Bend, IN 46601
 Description of Services Being Provided: Nursing Excellence

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
43-4051.00 (Cust Serv Rep	4.00	20.00	\$11,025.00
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$115.00
41-3099.99 (Sales Rep)	1.00	17.00	\$11,025.00
19-3099.99 (Social Science and Related Worker	4.00	12.00	\$7,235.00
Please note that we do not operate our business in this manner where hours are specifically allocated per person on and account basis. The information is the best 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
	0.00	0.00	\$0.00
Total this Page	13.00	59.00	\$29,400.00
Grand Total			\$29,400.00

Name of person who prepared this report: Devin J. Anderson

Title: General Counsel and Corporate Secretary

Phone #: 800.232.8032

Preparer's Signature:  _____

Date Prepared: 5 /15/2024

(Use additional pages, if necessary)

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FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: T-506678 Agency Business Unit: 28110
 Contract Term: 07/01/2023 to 09/30/2024 Agency Department ID: 3320211
 Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)
 Contractor Address: 1173 Ignition Drive, South Bend, IN 46601
 Description of Services Being Provided: Workforce Engagement

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
43-4051.00 (Cust Serv Rep	4.00	20.00	\$13,147.43
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$115.00
41-3099.99 (Sales Rep)	1.00	20.00	\$14,000.00
19-3099.99 (Social Science and Related Worker	4.00	12.00	\$7,797.37
Please note that we do not operate our business in this manner where hours are specifically allocated per person on and account basis. The information is the best 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
	0.00	0.00	\$0.00
Total this Page	13.00	62.00	\$35,059.80
Grand Total			\$35,059.80

Name of person who prepared this report: Devin J. Anderson

Title: General Counsel and Corporate Secretary

Phone #: 800.232.8032

Preparer's Signature: 

Date Prepared: 5/15/2024

(Use additional pages, if necessary)

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FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: T-506678 Agency Business Unit: 28110
 Contract Term: 07/01/2023 to 09/30/2024 Agency Department ID: 3320211
 Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)
 Contractor Address: 1173 Ignition Drive, South Bend, IN 46601
 Description of Services Being Provided: Patient Experience Services: AS, MD, ON, OU, PEDS, PY, Rehab IN

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
43-4051.00 (Cust Serv Rep)	4.00	250.00	\$249,500.00
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$200.00
41-3099.99 (Sales Rep)	1.00	46.00	\$30,025.00
19-3099.99 (Social Science and Related Worker)	4.00	100.00	\$72,500.00
43-901.00 (Data Entry Keyers)	100.00	250.00	\$97,429.13
43-905.00 (Mail Clerk and Mail)	25.00	84.00	\$4,451.00
Please note that we do not operate our business in this manner where hours are specifically allocated per person on an account basis. The information provided is the best 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
Total this Page	138.00	740.00	\$454,105.13
Grand Total			\$454,105.13

Name of person who prepared this report: Devin J. Anderson
 Title: General Counsel and Corporate Secretary Phone #: 800.232.8032
 Preparer's Signature: 

Date Prepared: 5/15/2024

(Use additional pages, if necessary)

Page of

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: T-506756 Agency Business Unit: 28110
 Contract Term: 09/01/2023 to 08/31/2024 Agency Department ID: 3320211
 Contractor Name: Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.)
 Contractor Address: 1173 Ignition Drive, South Bend, IN 46601
 Description of Services Being Provided: IRound 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
43-4051.00 (Customer Serv Rep)	4.00	20.00	\$16,297.00
43-3021.02 (Billing Cost Clerk)	4.00	10.00	\$115.00
41-3099.99 (Sales Rep)	1.00	20.00	20,000.00
19-3099.99 (Social Science and Related Worker)	4.00	12.00	\$7,046.31
Please note that we do not operate our business in this manner wehre hours are specifically allocated per person on an account basis. The inforamtion is the best 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
	0.00	0.00	\$0.00
Total this Page	13.00	62.00	\$43,458.31
Grand Total			\$43,458.31

Name of person who prepared this report: Devin J. Anderson

Title: General Counsel and Corporate Secretary

Phone #: 800.232.8032

Preparer's Signature: 

Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : <u>SUNY Upstate Medical University</u>	Agency Code: <u>28110</u>
Contract Number: <u>T-506854</u>	
Contract Term: <u>01/15/2024</u> to <u>01/14/2025</u>	
Contractor Name: <u>Soliant</u>	
Contractor Address: <u>5550 Peachtree Parkway, Suite 500, Peachtree Corners, GA 30092</u>	
Description of Services Being Provided	<u>Temporary Clinical Staffing</u>

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Histotechnologist	2	647.25	71197.50
Total this page			
Grand Total			

Name of person who prepared this report: Meredith Lyon
 Preparer's Signature: Meredith Lyon
 Title: Senior Account Executive Phone #: 678-710-7593
 Date Prepared: 05/21/2024
 (Use additional pages if necessary)

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

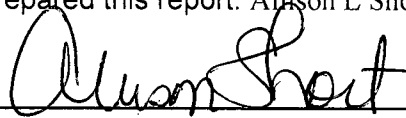
Contracting State Agency Name: Upstate Medical University
 Contract Number: T550281 Agency Business Unit: N/A
 Contract Term: 1/14/2020 to 1/30/2025 Agency Department ID: N/A
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: Hyperbaric Expansion

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
11-1011.00	1.00	14.50	\$3,611.37
17-3011.00	1.00	13.50	\$1,406.16
11-9041.00	1.00	35.00	\$11,063.10
17-1022.00	1.00	4.00	\$623.05
17-2051.00	2.00	72.00	\$7,430.66
17-2071.00	4.00	196.00	\$33,233.83
17-2141.00	3.00	91.50	\$16,572.69
17-3023.00	1.00	3.50	\$238.62
17-3031.00	3.00	33.50	\$4,437.76
			\$0.00
	0.00		\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	17.00	463	\$78,617.24

Name of person who prepared this report: Allison L Short

Title: Business Manager

Preparer's Signature: 

Date Prepared: 5/1/2024

Phone #: 607-273-7600 Ext.155

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: T550294
Contract Term: 01/15/2021 to 06/24/2024
Contractor Name: Dwyer Architectural, LLC
Contractor Address: 120 E. Washington St, Suite 822 Syracuse, NY 13202
Description of Services Being Provided 151067/1112.2 UUH IR Suite Renovations (19-101)

- 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
17-1011.00 Architects, Except Landscape and Naval (Partner)	1	151	\$21,879.90
17-1011.00 Architects, Except Landscape and Naval (PM)	1	5	\$594.10
17-1011.00 Architects, Except Landscape and Naval (PA)	1	75.50	\$7,657.97
17-3011.01 Architectural Drafters (Senior Designer)	1	6	\$452.10
43-6014.00 Secretaries & Admin Assistants, Except Lega, Medical and Executive (Dwyer)	1	226.50	\$17,066.78
Total this page	5	464	\$47,650.85
Grand Total			

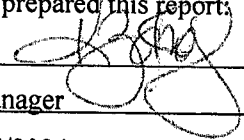
Name of person who prepared this report: Kristen Zdrojewski
Preparer's Signature: 
Title: Operations Manager Phone #: 315.473.1800
Date Prepared: 04/15/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: T550294
Contract Term: 01/15/2021 to 06/24/2024
Contractor Name: Trophy Point, LLC
Contractor Address: 4588 South Park Avenue, Blasdell NY 14219
Description of Services Being Provided 151067/1112.2 UUH IR Suite Renovations (19-101)

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
No Hours to Report			
Total this page			
Grand Total			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature: _____

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: 4/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

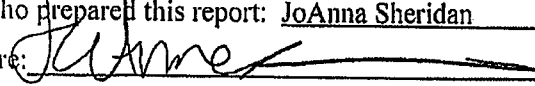
OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: T550294
Contract Term: 01/15/2021 to 06/24/2024
Contractor Name: _____
Contractor Address: _____
Description of Services Being Provided 151067/1112.2 UUH IR Suite Renovations (19-101)

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
Civil Engineer Tech	1	47	4734.78
Civil Engineer	1	2	358.80
Total this page			
Grand Total	2	49	5093.58

Name of person who prepared this report: JoAnna Sheridan
Preparer's Signature: 
Title: compliance officer Phone #: 585-764-3070
Date Prepared: 04/16/2024

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u>
Contract Number: <u>T550294</u>
Contract Term: <u>01/15/2021</u> to <u>06/24/2024</u>
Contractor Name: <u>IBC Engineering, P.C.</u>
Contractor Address: <u>3445 Winton Place Suite 219</u>
Description of Services Being Provided: <u>151067/1112.2 UUH IR Suite Renovations (19-101)</u>

- Scope of Contract (Choose one that best fits):**
- | | | | |
|---|---|--|---|
| 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 checked="" type="checkbox"/> | Architect Services <input type="checkbox"/> | Surveying <input type="checkbox"/> | Environmental Services <input type="checkbox"/> |
| Health Services <input type="checkbox"/> | Mental Health Services <input type="checkbox"/> | | |
| Accounting <input type="checkbox"/> | Auditing <input type="checkbox"/> | Paralegal <input type="checkbox"/> | Legal <input type="checkbox"/> |
| | | | Other Consulting <input type="checkbox"/> |

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Mechanical Engineer	2	680	\$88,400.00
Electrical Engineer	1	310	\$41,524.00
General Operations Manager	1	160	\$20,800.00
Chief Executive	1	70	\$12,600.00
Mechanical Drafter	2	190	\$17,100.00
Electrical Drafter	1	120	\$10,800.00
Total this page			
Grand Total	8	1,530	\$191,224.00

Name of person who prepared this report: Andrew J. Jarosz

Preparer's Signature: _____

Title: Associate Phone #: 585-233-6834

Date Prepared: 04/25/2024

Use additional pages if necessary) Page of

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T550301
 Contract Term: 12/18/2020 to 03/31/2024
 Contractor Name: Dwyer Architectural, LLC
 Contractor Address: 120 E Washington St, Suite 822 Syracuse, NY 13202
 Description of Services Being Provided 1247 UCH 3 E Hemodialysis Unit (20-032)

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
17-1011.00 Architects, Except Landscape and Naval (Partner)	1	25.50	\$3,694.95
17-3011.01 Architectural Drafters (Senior Designer)	2	195	\$14,303.25
17-3011.01 Architectural Drafters (Designer)	1	3.5	\$202.86
43-6014.00 Secretaries & Admin Assistants, Except Legal, Medical and Executive (Dwyer)	1	85	\$4,926.60
Total this page	5	309	\$23,127.66
Grand Total			

Name of person who prepared this report: Kristen Zdrojewski

Preparer's Signature: *Kristen Zdrojewski*

Title: Operations Manager Phone #: 315.473.1800

Date Prepared: 04/15/2024

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: T550301
Contract Term: 12/18/2020 to 03/31/2024
Contractor Name: Trophy Point, LLC
Contractor Address: 4588 South Park Avenue, Blasdell NY 14219
Description of Services Being Provided 1247 UCH 3 E Hemodialysis Unit (20-032)

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
No Hours to Report			
Total this page			
Grand Total			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature: _____

Title: Director of Finance Phone #: 716-823-0006

Date Prepared: 4/15/2024

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110
Contract Number: T550301
Contract Term: 12/18/2020 to 03/31/2024
Contractor Name: Watts Architecture & Engineering
Contractor Address: 95 Perry Street, Suite 300, Buffalo, NY 14203
Description of Services Being Provided: 1247 UCH 3 E Hemodialysis / 20-032

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

Note: Use the Tab key to navigate through the table portion of the form to ensure that the formulas calculate correctly.

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-2051.00 Civil Engineers	3	26.50	4,438.76
17-2081.00 Environmental Engineers	1	5.00	597.38
11-9041.00 Architectural & Engineering Managers	1	0.50	92.91
			0
			0
Total this page	5	32.00	5,129.05
Grand Total	5	32.00	5,129.05

Name of person who prepared this report: Linda Butcher
 Preparer's Signature: *Linda Butcher*
 Title: Sr. Project Accountant Phone #: (716) 206-5128
 Date: 4/15/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

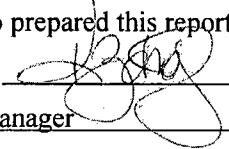
State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: <u>T-550308 (AOA #4)</u> Contract Term: <u>09/08/2023</u> to <u>02/09/2024</u> Contractor Name: <u>Dwyer Architectural, LLC</u> Contractor Address: <u>120 E. Washington Street, Suite 822 Syracuse, NY 13202</u> Description of Services Being Provided <u>1486 CH Surgical Equipment Upgrades (23-036)</u>

Scope of Contract (Choose one that best fits):			
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 checked="" type="checkbox"/>	Surveying <input type="checkbox"/>	Environmental Services <input type="checkbox"/>
Health Services <input type="checkbox"/>	Mental Health Services <input type="checkbox"/>		
Accounting <input type="checkbox"/>	Auditing <input type="checkbox"/>	Paralegal <input type="checkbox"/>	Legal <input type="checkbox"/>
			Other Consulting <input type="checkbox"/>

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1011.00 Architects, Except Landscape and Naval (Dwyer)	1	18.50	\$2,599.81
17-3011.01 Architectural Drafters (Dwyer)	1	28.25	\$2,061.40
43-6014.00 Secretaries & Admin Assistants, Except Legal, Medical and Executive (Dwyer)	1	4.50	\$328.37
Total this page	3	51.25	\$4,989.58
Grand Total			

Name of person who prepared this report: Kristen Zdrojewski

Preparer's Signature:  _____

Title: Operations Manager Phone #: 315.473.1800

Date Prepared: 04/15/2024

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: T-550308 (AOA #4)
Contract Term: 09/08/2023 to 02/09/2024
Contractor Name: Trophy Point, LLC
Contractor Address: 4588 South Park Avenue, Blasdell NY 14219
Description of Services Being Provided 1486 CH Surgical Equipment Upgrades (23-036)

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
13-1051.00	6	35	\$5,591.48
Total this page	6	35	5591.48
Grand Total			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature: _____

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: 4/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: T-550308 (AOA #4)
Contract Term: 09/08/2023 to 02/09/2024
Contractor Name: John P. Stopen Engineering, LLP
Contractor Address: 450 South Salina Street, Rm Syracuse NY 13202
Description of Services Being Provided 1486 CH Surgical Equipment Upgrades (23-036)

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
11-1011	1	19	\$2,823.02
Total this page			
Grand Total	1	19	\$2,823.02

Name of person who prepared this report: Andrea H. Galster
Preparer's Signature: Andrea H. Galster
Title: Accounting Phone #: 315-472-5238
Date Prepared: 4/17/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: <u>T-550308 (AOA #4)</u> Contract Term: <u>09/08/2023</u> to <u>02/09/2024</u> Contractor Name: <u>IBC Engineering, P.C.</u> Contractor Address: <u>3445 Winton Place Suite 219 Rochester, NY 14623</u> Description of Services Being Provided <u>1486 CH Surgical Equipment Upgrades (23-036)</u>

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
Mechanical Engineer	2	82	\$11,890.00
Electrical Engineer	1	62	\$9,048.00
General Operations Manager	1	8	\$1,200.00
Chief Executive	1	1	\$210.00
Mechanical Drafter	2	6	\$480.00
Electrical Drafter	1	4	\$320.00
Total this page			
Grand Total	8		\$23,148.00

Name of person who prepared this report: Andrew J. Jarosz

Preparer's Signature: _____

Title: Associate

Phone #: 585-233-6834

Date Prepared: 04/25/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

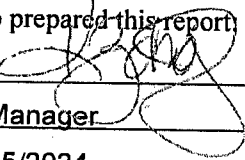
**State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: T-550308 (AOA #5)
Contract Term: 02/10/2021 to 02/09/2024
Contractor Name: Dwyer Architectural, LLC
Contractor Address: 120 E. Washington St, Suite 822, Syracuse, NY 13202
Description of Services Being Provided 151194/1162 UMU 5E CCC Replace OR 7 - Davinci Robotics (23-037)

- 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
17-1011.00 Architects, Except Landscape and Naval (Partner)	1	7	\$983.71
17-1011.00 Architects, Except Landscape and Naval (PA)	1	40.50	\$4,159.35
17-3011.01 Architectural Drafters	1	48.50	\$3,539.05
43-6014.00 Secretaries & Admin Assistants, Except Legal, Medical and Executive	1	11	\$802.67
Total this page	4	107	\$9,484.78
Grand Total			

Name of person who prepared this report: Kristen Zdrojewski

Preparer's Signature: 

Title: Operations Manager

Phone #: 315.473.1800

Date Prepared: 04/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: T-550308 (AOA #5)
Contract Term: 02/10/2021 to 02/09/2024
Contractor Name: Trophy Point, LLC
Contractor Address: 4588 South Park Avenue, Blasdell, NY 14219
Description of Services Being Provided 151194/1162 UMU 5E CCC Replace OR 7 -
Davinci Robotics (23-037)

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
No Hours to Report			
Total this page			
Grand Total			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature: _____

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: 4/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024

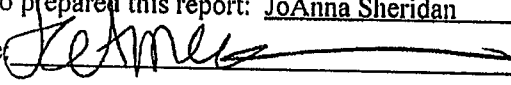
Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: <u>T-550308 (AOA #5)</u> Contract Term: <u>02/10/2021</u> to <u>02/09/2024</u> Contractor Name: <u>Ravi Engineering & Land Surveying, P.C.</u> Contractor Address: <u>2110 South Clinton Avenue, Suite 1 Rochester, New York 14618</u> Description of Services Being Provided <u>151194/1162 UMU 5E CCC Replace OR 7 - Davinci Robotics (23-037)</u>

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Enviromental Tech	2	23	1400.40
Environmental Engineer	2	33.50	3561.60
Total this page			
Grand Total	4	56.50	4962.00

Name of person who prepared this report: JoAnna Sheridan

Preparer's Signature: 

Title: Compliance Officer Phone #: 585-764-3070

Date Prepared: 04/16 / 2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-550308 (AOA #5)
 Contract Term: 02/10/2021 to 02/09/2024
 Contractor Name: John P. Stopen Engineering, LLP
 Contractor Address: 450 South Salina Street, RM 400 Syracuse NY 13202
 Description of Services Being Provided 151194/1162 UMU 5E CCC Replace OR 7 - Davinci Robotics (23-037)

- Scope of Contract (Choose one that best fits):**
- | | | | |
|---|---|--|---|
| 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 checked="" type="checkbox"/> | Architect Services <input type="checkbox"/> | Surveying <input type="checkbox"/> | Environmental Services <input type="checkbox"/> |
| Health Services <input type="checkbox"/> | Mental Health Services <input type="checkbox"/> | | |
| Accounting <input type="checkbox"/> | Auditing <input type="checkbox"/> | Paralegal <input type="checkbox"/> | Legal <input type="checkbox"/> |
| | | | Other Consulting <input type="checkbox"/> |

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
No Services Provided			
Total this page			
Grand Total			

Name of person who prepared this report: Andrea H. Galster
 Preparer's Signature: *Andrea H. Galster*
 Title: Accounting Phone #: 315-472-5238
 Date Prepared: 4/17/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-550308 (AOA #5)
 Contract Term: 02/10/2021 to 02/09/2024
 Contractor Name: IBC Engineering, P.C.
 Contractor Address: 3445 Winton Place Suite 219 Rochester, NY 14623
 Description of Services Being Provided 151194/1162 UMU 5E CCC Replace OR 7 - Davinci Robotics (23-037)

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
Mechanical Engineer	2	360	\$50,100.00
Electrical Engineer	1	186	\$28,300.00
General Operations Manager	1	45	\$7,200.00
Chief Executive	1	16	\$3,300.00
Mechanical Drafter	2	120	\$10,078.00
Electrical Drafter	1	90	\$8,100.00
Total this page			
Grand Total			\$107,078.00

Name of person who prepared this report: Andrew J. Jarosz

Preparer's Signature: _____

Title: Associate Phone #: 585-233-6834

Date Prepared: 04/25/2024

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Upstate Medical University
 Contract Number: T550334 Agency Business Unit:
 Contract Term: 06/27/2022 to 4/30/2024 Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: Cardiac Cath Lab

- 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
11-1011.00	1.00	1.00	\$104.16
17-2141.00	2.00	18.50	\$2,590.00
17-2071.00	2.00	57.50	\$8,792.50
43-9199.00	3.00	34.50	\$3,583.50
Total this Page	8.00	111.50	\$15,070.16
Grand Total	8.00	111	\$15,070.16

Name of person who prepared this report: Allison L. Short
 Title: Business Manager Phone #: 607-273-7600 Ext 155
 Preparer's Signature: *Allison L Short*
 Date Prepared: 5/18/2024

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Upstate Medical University
 Contract Number: T550341 Agency Business Unit:
 Contract Term: 09/28/2022 to / / Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: Community POB MRI


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
11-1011.00	1.00	2.00	\$486.04
11-9041.00	3.00	113.25	\$11,263.40
17-3011.00	0.00	0.00	\$0.00
17-2141.00	2.00	14.25	\$1,995.00
17-2071.00	3.00	78.00	\$11,564.50
43-9199.00	2.00	2.50	\$327.50
17-2051.00	0.00	0.00	\$0.00
17-2051.00	3.00	12.00	\$2,077.57
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	14.00	222.00	\$27,714.01
Grand Total	14.00	222	\$27,714.01

Name of person who prepared this report: Allison L. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: 

Date Prepared: 5/8/2024

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: Upstate Medical University
 Contract Number: T550344 Agency Business Unit:
 Contract Term: 11/08/2022 to / / Agency Department ID: 28110
 Contractor Name: HOLT Architects, PC
 Contractor Address: 619 W State Street Ithaca NY 14850
 Description of Services Being Provided: 6W Endovascular

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
11-1011.00	1.00	1.50	\$394.89
17-3011.00	2.00	92.75	\$10,629.40
17-3011.00	0.00	0.00	\$0.00
17-2141.00	0.00	0.00	\$0.00
17-2071.00	1.00	1.00	\$85.00
43-9199.00	2.00	9.25	\$599.75
17-2051.00	3.00	36.50	\$1,040.06
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	9.00	141.00	\$12,749.10
Grand Total	9.00	141	\$12,749.10

Name of person who prepared this report: Allison L. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: *Allison L. Short*

Date Prepared: 5//8/2024

Exhibit Y

FORM B

OSC Use Only:
 Reporting Code:
 Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-550348
 Contract Term: 12/02/2022 to _____
 Contractor Name: Dwyer Architectural, LLC
 Contractor Address: 120 E. Washington St, Suite 822, Syracuse, NY 13202
 Description of Services Being Provided 151153/1151 UMU ED X-Ray Replacement (22-051)

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
17-1011.00 Architects, Except Landscape and Naval (Partner)	1	29	\$4,075.37
17-1011.00 Architects, Except Landscape and Naval (PA)	1	17	\$1,745.90
17-3011.01 Architectural Drafters	1	45.50	\$3,320.14
43-06014.00 Secretaries & Admin Assistants, Except Legal, Medical and Executive)	1	9	\$656.73
Total this page	4	100.50	\$9,798.14
Grand Total			

Name of person who prepared this report: Kristen Zdrojewski

Preparer's Signature:  _____

Title: Operations Manager Phone #: 315.473.1800

Date Prepared: 04/15/2024

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-550348
 Contract Term: 12/02/2022 to _____
 Contractor Name: Trophy Point, LLC
 Contractor Address: 4588 South Park Avenue, Blasdell NY 14219
 Description of Services Being Provided 151153/1151 UMU ED X-Ray Replacement (22-051)

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
No Hours to Report			
Total this page			
Grand Total			

Name of person who prepared this report: Peter Trzybinski

Preparer's Signature: _____

Title: Director of Finance

Phone #: 716-823-0006

Date Prepared: 4/15/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024

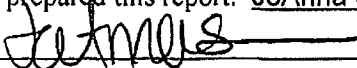
Contracting State Agency Name : <u>SUNY Upstate Medical University</u> Agency Code: <u>28110</u> Contract Number: <u>T-550348</u> Contract Term: <u>12/02/2022</u> to _____ Contractor Name: <u>Ravi Engineering & Land Surveying, P.C.</u> Contractor Address: <u>2110 South Clinton Avenue, Suite 1 Rochester, New York 14618</u> Description of Services Being Provided: <u>151153/1151 UMU ED X-Ray Replacement (22-051)</u>

Scope of Contract (Choose one that best fits):

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
No work done			
Total this page			
Grand Total			

Name of person who prepared this report: JoAnna Sheridan

Preparer's Signature: 

Title: Compliance Officer Phone #: 585-764-3070

Date Prepared: 04/16/2024

Exhibit Y

FORM B

OSC Use Only:
 Reporting Code:
 Category Code:

State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: T-550348
 Contract Term: 12/02/2022 to 11/10/2024
 Contractor Name: IBC Engineering, P.C.
 Contractor Address: 3445 Winton Place Suite 219 Rochester, NY 14623
 Description of Services Being Provided 151153/1151 UMU ED X-Ray Replacement (22-051)

Scope of Contract (Choose one that best fits):

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 checked="" type="checkbox"/>	Architect Services <input type="checkbox"/>	Surveying <input type="checkbox"/>	Environmental Services <input type="checkbox"/>
Health Services <input type="checkbox"/>	Mental Health Services <input type="checkbox"/>		
Accounting <input type="checkbox"/>	Auditing <input type="checkbox"/>	Paralegal <input type="checkbox"/>	Legal <input type="checkbox"/>
			Other Consulting <input type="checkbox"/>

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Mechanical Engineer	2	120	\$15,600.00
Electrical Engineer	1	70	\$9,100.00
General Operations Manager	1	16	\$2,080.00
Chief Executive	1	4	\$720.00
Mechanical Drafter	2	40	\$3,200.00
Electrical Drafter	1	34	\$3,165.00
Total this page			
Grand Total	8	284	\$33,865.00

Name of person who prepared this report: Andrew J. Jarosz

Preparer's Signature: _____

Title: Associate

Phone #: 585-233-6834

Date Prepared: 04/25/2024

Use additional pages if necessary)

Page of

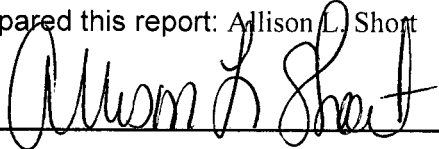
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: 1393 Agency Business Unit: N/A
 Contract Term: 10/24/2023 to / / Agency Department ID: N/A
 Contractor Name: HOLT Architects PC
 Contractor Address: 619 W State Street, Ithaca NY 14850
 Description of Services Being Provided: Relaxation Room/Recharge Room - Design

- 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
17-3011.00	2.00	35.00	\$3,182.31
Total this Page	2.00	35.00	\$3,182.31
Grand Total	2.00	35	\$3,182.31

Name of person who prepared this report: Allison L. Short
 Title: Business Manager
 Preparer's Signature: 
 Date Prepared: 4/18/2024
 Phone #: 607-273-7600 Ext 155

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: Dormitory Authority State of New York
 Contract Number: 24278 Agency Business Unit:
 Contract Term: 07/01/2021 to 09/1/2024 Agency Department ID:
 Contractor Name: Hobart and William Smith Colleges
 Contractor Address: 300 Pulteney Street, Geneva, NY 14456
 Description of Services Being Provided: New York State Higher Education Capital Matching Grant ("HECap") Purchase and Installation of Equipment to Create Innovative Classrooms
 Project ID: 24278

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

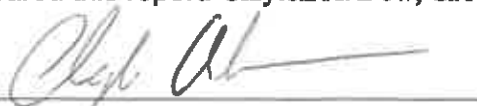
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1011.00 - Architects, Except Landscape and Naval	2.00	8.00	\$1,020.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	8.00	\$1,020.00
Grand Total	2.00	8	\$1,020.00

Name of person who prepared this report: Clayton A. Dow, CPA

Title: Grants Manager

Phone #: 315-781-3137

Preparer's Signature: _____



Date Prepared: 05/15/2024

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: SUNY Upstate Medical University
 Contract Number: 500187 Agency Business Unit: N/A
 Contract Term: 12/22/2023 to / / Agency Department ID: N/A
 Contractor Name: HOLT Architects PC
 Contractor Address: 619 W State Street, Ithaca NY 14850
 Description of Services Being Provided: SUNY Admin Daycare FS

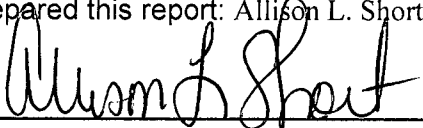
Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
11-1011.00	1.00	24.50	\$6,002.50
11-9041.00	1.00	39.00	\$5,265.00
17-3011.00	1.00	69.00	\$5,865.00
Total this Page	3.00	132.50	\$17,132.50
Grand Total	3.00	132	\$17,132.50

Name of person who prepared this report: Allison L. Short

Title: Business Manager

Phone #: 607-273-7600 Ext 155

Preparer's Signature: 

Date Prepared: 4/18/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 504626
Contract Term: 12/1/2018 to 11/30/2023
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Spina Bifida Clinic

- 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	1	416	\$41,946.00
Total this page	1	416	\$41,946.00
Grand Total	1	416	\$ 0.04: (\$ 1.94)


Name of person who prepared this report: Farrah McMahon
Preparer's Signature: 
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 504806
 Contract Term: 11/1/2018 to 10/31/2023
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Medical Direction Clinical Informatics and Chairperson
 Medical Records Committee

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	1	607	\$110,030.08
Total this page	1	607	\$110,030.08
Grand Total	1	607	\$110,030.08

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: *Farrah McMahon*

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 504875
 Contract Term: 7/1/2019 to 6/30/2024
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Medical Direction of Neurodevelopmental Pediatrics Program

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
19-3039.00	1	312	\$55,542.00
Total this page	1	312	\$55,542.00
Grand Total	1	312	\$55,542.00

Name of person who prepared this report: Farrah McMahon
 Preparer's Signature: *Farrah McMahon*
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/14/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 504877
Contract Term: 7/1/2019 to 6/30/2024
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Pediatrics Program

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	1	1,040	\$281,110.00
Total this page	1	1,040	\$281,110.00
Grand Total	1	1,040	\$281,110.00

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: *Farrah McMahon*

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 504878
Contract Term: 9/1/2019 to 8/31/2024
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of University Pediatric Multi-Specialty Center and Pediatric Gastroenterology 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	1	728	\$92,527.00
Total this page	1	728	\$92,527.00
Grand Total	1	728	\$92,527.00


Name of person who prepared this report: Farrah McMahon
Preparer's Signature: 
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 504944
 Contract Term: 10/1/2019 to 9/30/2024
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Quality Officer Pediatric Services Program

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	2	1,040	\$112,063.00
Total this page	2	1,040	\$112,063.00
Grand Total	2	1,040	\$112,063.00

Name of person who prepared this report: Farah McMahon
 Preparer's Signature: *Farah McMahon*
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 505065
 Contract Term: 7/1/2019 to 6/30/2024
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided General Pediatrician 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	1	2,080	\$214,225.25
Total this page	1	2,080	\$214,225.25
Grand Total	1	2,080	\$214,225.25

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: 

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:


**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505378
Contract Term: 7/1/2019 to 6/30/2024
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided On-Call Coverage of Pediatrics Program

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	84	8,760	\$109,500.00
Total this page	84	8,760	\$109,500.00
Grand Total	84	8,760	\$109,500.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: 
Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:


State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505379
Contract Term: 7/1/2020 to 6/30/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Pediatric Ambulatory Infusion and Transfusion Physician 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			\$286,460.00
Contract is based on billable volume, not FTEs			
Total this page			\$288,436.25
Grand Total			\$288,436.25

Name of person who prepared this report: Farah McMahon
Preparer's Signature: 
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/14/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2022 to March 31, 2023**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505380
Contract Term: 7/1/2020 to 6/30/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Pediatric Designated AIDS Center (PDAC) Physician Clinical 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	2	624	\$87,710.00
Total this page	2	624	\$87,710.00
Grand Total	2	624	\$87,710.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: *Farrah McMahon*
Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505381
Contract Term: 7/1/2020 to 6/30/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Pediatric Respiratory Therapy Program

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	1	208	\$29,277.00
Total this page	1	208	\$29,277.00
Grand Total	1	208	\$29,277.00


Name of person who prepared this report: Farrah McMahon
Preparer's Signature: 
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505382
Contract Term: 7/1/2020 to 6/30/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Pediatric Antibiotic Stewardship and Consultative Services Program

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	1	208	\$36,231.00
Total this page	1	208	\$36,231.00
Grand Total	1	208	\$36,231.00

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: 

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505383
Contract Term: 7/1/2020 to 6/30/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Pediatric Dedicated AIDS Center (PDAC) Program

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	1	520	\$90,577.00
Total this page	1	520	\$90,577.00
Grand Total	1	520	\$90,577.00

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: *Farrah McMahon*

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505385
Contract Term: 7/1/2020 to 6/30/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Pediatric Infection Control Program

- 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	1	416	\$46,039.00
Total this page	1	416	\$46,039.00
Grand Total	1	416	\$46,039.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: *Farrah McMahon*
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/14/2024

Exhibit Y
FORM B

OSC Use Only:
Reporting Code:
Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 505388
 Contract Term: 7/1/2020 to 6/30/2025
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Physician Services Pediatric Hospitalists

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	13	24,060	\$1,790,574.94
Total this page	13	24,060	\$1,790,574.94
Grand Total	13	24,060	\$1,790,574.94

Name of person who prepared this report: Farrah McMahon
 Preparer's Signature: *Farrah McMahon*
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/15/2024

Exhibit Y

FORM B

OSC Use Only:

Reporting Code:

Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 505407
 Contract Term: 7/1/2020 to 6/30/2023
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Medical Direction of Clinical Genetics

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	1	104	\$14,586.50
Total this page	1	104	\$14,586.50
Grand Total	1	104	\$14,586.50

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: 

Title: Practice Administrator

Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505407
Contract Term: 7/1/2023 to 6/30/2026
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Clinical Genetics Medical Direction

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	1	312	\$45,047.25
Total this page	1	312	\$45,047.25
Grand Total	1	312	\$45,047.25

Name of person who prepared this report: Farah McMahon

Preparer's Signature: *Farah McMahon*

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only: Reporting Code: Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 505408
 Contract Term: 11/1/2020 to 10/31/2025
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Developmental Pediatric Physician Services

- Scope of Contract (Choose one that best fits):**
- | | | | |
|---|---|--|---|
| Analysis <input type="checkbox"/> | Evaluation <input type="checkbox"/> | Research <input type="checkbox"/> | Training <input type="checkbox"/> |
| Data Processing <input type="checkbox"/> | Computer Programming <input type="checkbox"/> | Other IT consulting <input type="checkbox"/> | |
| Engineering <input type="checkbox"/> | Architect Services <input type="checkbox"/> | Surveying <input type="checkbox"/> | Environmental Services <input type="checkbox"/> |
| Health Services <input checked="" type="checkbox"/> | Mental Health Services <input type="checkbox"/> | | |
| Accounting <input type="checkbox"/> | Auditing <input type="checkbox"/> | Paralegal <input type="checkbox"/> | Legal <input type="checkbox"/> |
| | | | Other Consulting <input type="checkbox"/> |

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1221.00	1	1,079	\$138,484.76
Total this page	1	1,079	\$138,484.76
Grand Total	1	1,079	\$138,484.76


Name of person who prepared this report: Farah McMahon
 Preparer's Signature: 
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/15/2024

Exhibit Y

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OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505409
Contract Term: 7/1/2020 to 6/30/2023
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction Pediatric Transplant Program

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	1	104	\$13,238.50
Total this page	1	104	\$13,238.50
Grand Total	1	104	\$13,238.50

Name of person who prepared this report: Farrah McMahon
 Preparer's Signature: *Farrah McMahon*
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/15/2024
 Use additional pages if necessary)

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Category Code:

State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 505611
 Contract Term: 3/1/2023 to 2/29/2024
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Medical Direction of Utilization Management and Clinical Documentation Improvement Program

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	1	477	\$45,799.42
Total this page	1	477	\$45,799.42
Grand Total	1	477	\$45,799.42

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: 

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)

Exhibit Y

FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505751
Contract Term: 7/1/2021 to 6/30/2026
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Upstate Pediatrics Program

- 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	1	104	\$9,616.00
Total this page	1	104	\$9,616.00
Grand Total	1	104	\$9,616.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: *Farrah McMahon*
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/14/2024

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OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505768
Contract Term: 7/1/2021 to 6/30/2026
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Pediatric Provider-Based Clinic 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	50	105,903	\$781,713.00
29-1171.00	6	12,959	\$87,539.00
19-3033.00	7	15,773	\$79,674.00
Total this page	63	134,636	\$948,926.00
Grand Total	63	134,636	\$948,926.00


Name of person who prepared this report: Farrah McMahon
Preparer's Signature: 
Title: Practice Adminsitrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

Exhibit Y
FORM B

OSC Use Only:
Reporting Code:
Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505788
Contract Term: 7/1/2021 to 6/30/2026
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of University Pediatric and Adolescent Center ("UPAC")

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	1	624	\$106,966.00
Total this page	1	624	\$106,966.00
Grand Total	1	624	\$106,966.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: *Farrah McMahon*
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

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Category Code:

**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505795
Contract Term: 7/1/2021 to 6/30/2024
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Upstate Golisano Children's Hospital
Pediatric Intensive Care Unit

- 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	1	416	\$65,463.00
Total this page	1	416	\$65,463.00
Grand Total	1	416	\$65,463.00

Name of person who prepared this report: Farah McMahon
Preparer's Signature: *Farah McMahon*
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

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**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 505800
Contract Term: 7/1/2021 to 6/30/2026
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Medical Direction of Pediatric Sleep Lab 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	1	166	\$24,756.00
Total this page	1	166	\$24,756.00
Grand Total	1	166	\$24,756.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: *Farrah McMahon*
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/14/2024

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Reporting Code:
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State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 506049
 Contract Term: 9/1/2021 to 8/31/2024
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Pediatric Gastroenterologist Physician 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	1	2,080	\$261,418.00
Total this page	1	2,080	\$261,418.00
Grand Total	1	2,080	\$261,418.00


Name of person who prepared this report: Farrah McMahon
 Preparer's Signature: 
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/15/2024

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**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 506111
Contract Term: 3/14/2022 to 3/13/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Respiratory Therapist Staff 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
29-1126.00	1	832	\$42,969.80
Total this page	1	832	\$42,969.80
Grand Total	1	832	\$42,969.80

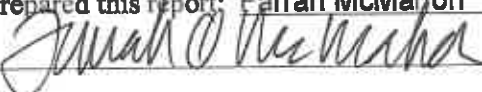
Name of person who prepared this report: Farrah McMahon
Preparer's Signature: 
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

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State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 506137
 Contract Term: 3/31/2022 to 3/30/2025
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Dual Diagnosis Program Direction

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
19-3039.00	1	1,040	\$203,388.00
Total this page	1	1,040	\$203,388.00
Grand Total	1	1,040	\$203,388.00

Name of person who prepared this report: Farrah McMahon
 Preparer's Signature: *Farrah McMahon*
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/15/2024

Use additional pages if necessary)

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State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 506189
Contract Term: 7/1/2022 to 6/30/2027
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Pediatric Endocrinologist 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	1	2,080	\$149,627.00
Total this page	1	2,080	\$149,627.00
Grand Total	1	2,080	\$149,627.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: *Farrah McMahon*
Title: Practice Administrator Phone #: 315-464-5450
Date Prepared: 5/15/2024

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**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
 Contract Number: 506298
 Contract Term: 8/29/2022 to 8/28/2027
 Contractor Name: Pediatric Service Group, LLP
 Contractor Address: 750 East Adams Street, Syracuse, NY 13210
 Description of Services Being Provided Pediatric Gastroenterologist Physician 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	1	2,080	\$244,505.67
Total this page	1	2,080	\$244,505.67
Grand Total	1	2,080	\$244,505.67

Name of person who prepared this report: Farrah McMahon
 Preparer's Signature: *Farrah McMahon*
 Title: Practice Administrator Phone #: 315-464-5450
 Date Prepared: 5/15/2024

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State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name : SUNY Upstate Medical University Agency Code: 28110
Contract Number: 506390
Contract Term: 1/1/2023 to 12/31/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse NY 13210
Description of Services Being Provided Pediatric Nephrologist Physician 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	1	2,080	\$164,857.00
Total this page	1	2,080	\$164,857.00
Grand Total	1	2,080	\$164,857.00

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: *Farrah McMahon*

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

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**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 506455
Contract Term: 1/1/2023 to 12/31/2026
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse NY 13210
Description of Services Being Provided Pediatric Hematology/Oncology Psychologist 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
19-3033.00	1	1,560	\$101,026.00
Total this page	1	1,560	\$101,026.00
Grand Total	1	1,560	\$101,026.00

Name of person who prepared this report: Parrah McMahon
Preparer's Signature: 
Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Exhibit Y

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**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 506558
Contract Term: 4/1/2023 to 3/31/2026
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse NY 13210
Description of Services Being Provided Pediatric Intensivist Physician 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	8	12,480	\$1,819,816.00
Total this page	8	12,480	\$1,819,816.00
Grand Total	8	12,480	\$1,819,816.00

Name of person who prepared this report: Farrah McMahon
Preparer's Signature: *Farrah McMahon*
Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary) Page of

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**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 506563
Contract Term: 4/1/2023 to 3/31/2028
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse NY 13210
Description of Services Being Provided Pediatric Hematology/Oncology Physician 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	1	2,080	\$219,188.00
Total this page	1	2,080	\$219,188.00
Grand Total	1	2,080	\$219,188.00

Name of person who prepared this report: Farrah McMahon

Preparer's Signature: *Farrah McMahon*

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

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**State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 2023 to March 31, 2024**

Contracting State Agency Name :SUNY Upstate Medical University Agency Code: 28110
Contract Number: 506654
Contract Term: 7/1/2023 to 6/30/2025
Contractor Name: Pediatric Service Group, LLP
Contractor Address: 750 East Adams Street, Syracuse, NY 13210
Description of Services Being Provided Pediatric Kidney Transplant Medical Direction

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	1	312	\$64,775.25
Total this page	1	312	\$64,775.25
Grand Total	1	312	\$64,775.25

Name of person who prepared this report: Farah McMalon

Preparer's Signature: *Farah McMalon*

Title: Practice Administrator Phone #: 315-464-5450

Date Prepared: 5/15/2024

Use additional pages if necessary)