

Central New York  
Developmental Disabilities  
Service Office  
3660234

**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: NYS OPWDD Central NY DDSOO  
 Contract Number: C0SCN00243  
 Agency Business Unit: 51240  
 Agency Department ID: 3660234  
 Contract Term: 11/19/2019 to 10/31/2024  
 Contractor Name: Costella Sr.- Allen Optometrists PLLC  
 Contractor Address: 131 Main St. Suite 202, Oneida, NY 13421  
 Description of Services Being Provided: Optometry

**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
Eye Clinic / Eye Doctor	1.00	24.00	\$14400.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	24.00	\$14,400.00
<b>Grand Total</b>	1.00	24	\$14400.00

Name of person who prepared this report: Matthew C Allen

Title: OD

Phone #: 315-723-9308

Preparer's Signature: 

Date Prepared: 05/13/2024

**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: NYS OPWDD Central NY DDSOO  
 Contract Number: C0SCN00557  
 Agency Business Unit: 51240  
 Agency Department ID: 3660234  
 Contract Term: 3/1/2023 to 2/29/2028  
 Contractor Name: Cedar Park Group, Inc.

Contractor Address: 2 Lawson Ave. Suite 11, East Rockaway, NY 11518  
 Description of Services Being Provided: Patient Companion

**Scope of Contract (Choose one that best fits):**

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

Name of person who prepared this report: SAMANTHA TERLINE

Title: PRESIDENT

Phone #: 5165350613

Preparer's Signature:  \_\_\_\_\_

Date Prepared: 5 / 1 / 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: NYS OPWDD Central NY DDSOO  
 Contract Number: C0SCN00561  
 Agency Business Unit: 51240  
 Agency Department ID: 3660234  
 Contract Term: 3/1/2023 to 2/29/2028  
 Contractor Name: Interim Healthcare of Syracuse, Inc.  
 Contractor Address: 3502 James St., Syracuse, NY 13206  
 Description of Services Being Provided: Patient Companion

**Scope of Contract (Choose one that best fits):**

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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	0	0	0

Name of person who prepared this report:

Title: Jason C Byrnes

Phone #: 315-437-4500

Preparer's Signature: Jason C Byrnes

Date Prepared: 5/13/2024

**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: NYS OPWDD Central NY DDSOO  
 Contract Number: C0SCN00562  
 Agency Business Unit: 51240  
 Agency Department ID: 3660234  
 Contract Term: 3/1/2023 to 2/29/2028  
 Contractor Name: Priority Care Home Services LLC  
 Contractor Address: 36-46 37th St., Long Island City, NY 11101  
 Description of Services Being Provided: Patient Companion

**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
Patient Companion	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	0.00	0.00	0.00

Name of person who prepared this report: Ezekiel Segun Olaniyi

Title: Owner & CEO

Phone #: (347) 985-3863

Preparer's Signature: 

Date Prepared: 05/22/2024