

**Victim Services, Office of
1080200**

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: Office of Victim Services
 Contract Number: C10880 Agency Business Unit: OVS01
 Contract Term: 7/22/2022 to 7/21/2029 Agency Department ID: 1080000
 Contractor Name: PruTech Solutions, Inc
 Contractor Address: 555 US Highway 1 South, Suite 230, Iselin, NJ 08830
 Description of Services Being Provided: Sexual Offense Evidence Collection Kit Tracking System


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
Project Management Specialists	1.00	122.00	\$17,080.00
Software developer	1.00	221.50	\$23,257.50
	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
Total this Page	2.00	343.50	\$40,337.50
Grand Total	2.00	343	40,337.50

Name of person who prepared this report: Shannon Cardone

Title: Director of Contracts

Phone #: 917-589-3388

Preparer's Signature: 

Date Prepared: 5/10/2024

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: Office of Victim Services
 Contract Number: C10886 Agency Business Unit: OVS01
 Contract Term: 10/01/2023 to 9/30/2028 Agency Department ID: 1080000
 Contractor Name: Bonditech LLC
 Contractor Address: 15642 Sand Canyon Avenue #51461, Irvine, CA 92619
 Description of Services Being Provided: ClaimsAssistant Modifications

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

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

Name of person who prepared this report: 1

Title: Office Manager

Phone #: 949-258-0880

Preparer's Signature: 

Date Prepared: 04/30/2024

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: Office of Victim Services
 Contract Number: T10888 Agency Business Unit: OVS01
 Contract Term: 7/01/2023 to 9/30/2024 Agency Department ID: 1080000
 Contractor Name: Coordinated Care Services, Inc. (CCSI)
 Contractor Address: 1099 Jay Street, Bldg J, Rochester, NY 14611
 Description of Services Being Provided: Trauma Informed Practice Transformation Training

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
21-1022.00	2.00	104.00	\$21,045.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total			21,045

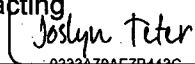
Name of person who prepared this report: Joslyn Teter-McBride

Title: Sr, Manager, Contracting

DocuSigned by:

Phone #: 585.613.7624

Preparer's Signature: _____



0299A79AE7B449C...

Date Prepared: 4/30/2024