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 ServicesContract Number:C10880Agency Business Unit:Contract Term:7/22/2022to7/21/2029Contractor Name:PruTech Solutions, IncContractor Address:555 US Highway 1 South, Suite 230, Iselin, NJ 08830Description 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 Other Consulting 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 Preparer's Signature:

Phone #: 917-589-3388

Date Prepared: 5/10/2024

(Use additional pages, if necessary)

Page of

FORM B

New	York	State C	onsult	tant Serv	ices
Contrac	tor's	Annua	l Emp	loyment	Report

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: 0	Office of Victim S	ervices				
Contract Number: C10886Agency Business Unit: CContract Term: 10/01/2023 to 9/30/2028Agency Department ID:			nit: OVS01			
			ID: 1080000			
Contractor Name: Bonditech LLC						
Contractor Address: 15642 Sand Ca	Contractor Address: 15642 Sand Canyon Avenue #51461, Irvine, CA 92619					
Description of Services Being Provid	led: ClaimsAssis	tant Modifications				
	an a					
Scope of Contract (Choose one that I						
		ining				
Data Processing Computer P		Other IT consulting				
Engineering Architect Service		Environmental	Services			
Health Services Mental Health	h Services					
Accounting Auditing Pa	aralegal 🗌 Leg	gal 🗌 Other Consul	ting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Employment Category	0.00	0.00	\$0.00			
	0.00					
	0.00	0.00	\$0.00 \$0.00			
	a construction of the second	and the second secon	and the last of the second			
and the second	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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

Preparer's Signature:

Date Prepared: 04/30/2024

Phone #: 949-258-0880

(Use additional pages, if necessary)

DocuSign Envelope ID: 24F7F06D-A6A2-4826-AD8C-BABA889108E2

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: Office of Victim Services					
Contract Number: T10888		Agency Business Unit: OVS01			
contract Term: 7/01/2023 to 9/30/2024 Agency Department ID: 1080000			ID: 1080000		
Contractor Name: Coordinated Care Services, Inc. (CCSI)					
Contractor Address: 1099 Jay Street,	Contractor Address: 1099 Jay Street, Bldg J, Rochester, NY 14611				
Description of Services Being Provide	ed: Trauma Info	rmed Practice Transf	ormation Training		
	-				
Scope of Contract (Choose one that b	•				
	•	ning Others IT as a sublime			
Data Processing Computer Pro	· · ·	Other IT consulting			
Engineering Architect Services Health Services Mental Health	_ , •	Environmental \$	Services		
Accounting Auditing Pa	ralegal 🗌 Leg	al Other Consult	ing		
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		
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 Joslyn Titer

Phone #: 585.613.7624

Date Prepared: 4/30//2024

Preparer's Signature:

(Use additional pages, if necessary)