SUNY – Upstate Medical University 3320211

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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 b | est 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 ☐ Pa | ralegal 🗌 Leg | jal 🔲 Other Consul | ting | | |
| 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 Wester | |
| Date Prepared: 05/15/2024 | |
| (Use additional pages, if necessary) | Page 1 of 1 |

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 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 b | est fits)· | | | | |
|--|------------------------|---------------------------|--------------------------------------|--|--|
| ☐ Analysis ☐ Evaluation ☐ Research ☐ Training | | | | | |
| ☐ Data Processing ☐ Computer Programming ☐ Other IT consulting | | | | | |
| ☐ Engineering ☐ Architect Services | | - | Services | | |
| ☐ Health Services ☐ Mental Health | Services | _ | | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | al Other Consul | ting | | |
| 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 | | |

Vern Wester

Title: CFO

Phone #: 315-464-3119

Preparer's Signature: _

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

Page 1 of 1

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 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 b | est fits): | | 3 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
|--------------------------------------|------------------------|---------------------------|---|
| ☐ Analysis ☐ Evaluation ☐ Re | search 🔲 Trai | ning | |
| ☐ Data Processing ☐ Computer Pr | ogramming 🔲 | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | s 🔲 Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🗌 Leg | al 🔲 Other Consul | ting |
| 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 |
| 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
Preparer's Signature:

Date Prepared: 05/15/2024

Phone #: 315-464-3119

(Use additional pages, if necessary)

Page 1 of 1

FORM B

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: | SUNY Upstate Medical University | sity |
|--------------------------------|---------------------------------|------|
|--------------------------------|---------------------------------|------|

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 | | _ | Services | | |
| ☐ Health Services ☐ Mental Health | Services | | | | |
| ☐ Accounting ☐ Auditing ☐ Pai | ralegal 🗌 Leg | al 🔲 Other Consul | ting | | |
| 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 | | |
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| | 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 | 9 01 | person | who | prepared | this i | report: | Terri | Weston |
|------|------|--------|-----|----------|--------|---------|-------|--------|
| | | | | | | | | |

Title: CFO Phone #: 315-464-3119
Preparer's Signature: Teni Wukh

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

FORM B

| OSC Use Only: | |
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| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | | |
|---|--|---|--|--|
| Report Period: April 1, to March 31, | | | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> | |
| Scope of Contract (Choose one that Analysis | on Resean Computer Programmi ices Survey Mental He Paralegal | ing Other ing Environalth Services Legal | Training IT consulting Imental Services 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: | | Phone #: | | |
| Date Prepared: | | | | |
| Use additional pages if necessary) | | | Page of | |

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Mail/Send Date:

FORM B

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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | |
|---|------------------------|---------------------------|-----------------------------------|
| Report Per | riod: April 1, to | March 31, | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| Scope of Contract (Choose one that best fits): Analysis | | | |
| 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 rep Preparer's Signature: Title: | ort: | Phone #: | |
| Date Prepared: Use additional pages if necessary) | | | Page of |

FORM B

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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | |
|---|--|--|--|
| Report Per | riod: April 1, to | March 31, | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other Other Cong Environ Cong Co | Training IT consulting mental Services 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 rep | 0 | | |
| Preparer's Signature: Wistin | (Sawe | <u></u> | _ |
| Title: | | Phone #: | |
| Date Prepared: Use additional pages if necessary) | | | Page of |

FORM B

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| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Report Period: April 1, 2024 to March 31, 2025 | | | |
|---|---|--|--|
| Contracting State Agency Name: SUN Contract Number: C-505031 Contract Term: 7/1/2020 to Contractor Name: University Patholog Contractor Address: 750 East Adams Description of Services Being Provide | 6/30/2025 gists Laboratories, LL Street, Syracuse, NY | P13210 | y Code: 28110 |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey | ing Cother ring Environ palth Services | Training IT consulting Immental Services Other Consulting |
| Employment Category | Number of | Number of Hours | Amount Payable |
| Physicians, Pathologists 29-1222.00 | Partners 24 | Worked 48K/yr | \$3.644 |
| Total this page Grand Total Name of person who prepared this report Preparer's Signature: | 24 24 ort: Michel Nasr, MD | 48 K Y C | \$3.6 M/V- \$3.6 M/V- |
| Title: President | | Phone #: 315-657- | - 4 6 92 |
| Date Prepared: <u>04/15/2024</u> | | 2 MONTO II. 010-001- | 1002 |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

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State Consultant Services

| Contractor's Annual Employment Report | | | | |
|---|---|----------------------------|-----------------------------------|--|
| Report Period: April 1, 23 to March 31, 24 | | | | |
| Contracting State Agency Name: SUI Contract Number: C-505064 Contract Term: 8/1/2019 to Contractor Name: Physical Medicine Contractor Address: 750 East Adams Description of Services Being Provide | 7/31/24 and Rehabilitation M Street, Syracuse, Ne | ISG, LLPw York 13210 | Code: 28110 | |
| Scope of Contract (Choose one that best fits): Analysis | | | | |
| 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 rep Preparer's Signature: Title: Business Manager | ort: <u>Christopher L.</u> | Lalone Phone #: 315-464-7 | 2240 | |
| Title. Desiriess Mariagei From #. 313-40-2240 | | | | |

Date Prepared: <u>04/16/2024</u> Use additional pages if necessary)

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | |
|---|--|--|--|
| Report Per | riod: April 1, to | March 31, | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other Other Cong Environ Cong Co | Training IT consulting mental Services 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 rep | 0 | | |
| Preparer's Signature: Wisline C. | | | |
| Title: | | Phone #: | |
| Date Prepared: | | | |
| Use additional pages if necessary) | | | Page of |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contracting State Agency Name: SUN Contract Number: C-505132 Contract Term: 07/01/2020 to Contractor Name: Neurology Medica Contractor Address: 750 East Adams Description of Services Being Provide | 06/30/2025 I Service Group LLP Street, Syracuse, NY | 13210 | y Code: 28110 |
|--|--|--------------------------------|---|
| Scope of Contract (Choose one that Analysis | on Reser Computer Programn ices Surve Mental H Paralegal | ying Enviro lealth Services | Training IT consulting nmental Services 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 rep | on: Ashley Vinci | li | |
| Title: Principal Practice Manager | - V | Phone #: 315-464- | 5013 |
| Date Prepared: <u>05/15/2024</u> | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

(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

| <u> </u> | • | <u> </u> | |
|--|--|--|--------------------------------------|
| Contracting State Agency Name: State Contract Number: C 505159 Contract Term: 01/20/2020 to 01/ Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison St Description of Services Being Provid | 19/2025 Practice, Inc. reet, Syracuse, N | Agency Business Ur Agency Department Y 13210 | ID: 28110 |
| Sagna of Contract (Changa and that h | 4 6:4->- | | |
| Scope of Contract (Choose one that b | · | n i m m | |
| Data Processing Computer Pr | _ | • | |
| ☐ Engineering ☐ Architect Services | | Other IT consulting | 0 1 |
| ☐ Health Services ☐ Mental Health | _ , , | ☐ Environmental | Services |
| I = | r services Iralegal 🔲 Lega | ol Dothor Consul | 6: |
| Additing Pa | | al Other Consul | un g |
| 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 |
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| | 0.00 | 0.00 | \$0.00 |
| | 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 re Title: CFO Preparer's Signature: | eport: Terri Westo | | 315-464-3119 |

Page 1 of 1

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FORM B

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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

| Teport I c | Tou. April 1, LoLo | 5 Waren 51, 2024 | | |
|---|---------------------------------------|---------------------------|--------------------|--|
| | · · · · · · · · · · · · · · · · · · · | | 43 ⁴⁰ | |
| Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: C-505177 | | | | |
| Contract Term: <u>07/01/2023</u> to | 06/30/2024 | | | |
| Contractor Name: Upstate Orthopedic | | | | |
| Contractor Address: 6620 Fly Road, | | NV 13057 | | |
| Description of Services Being Provide | | | | |
| Description of Services Being Flovide | tu Community Hospi | itai Co-Management Ag | greement | |
| | | | | |
| | | | | |
| | | | | |
| Same of Contract (Change one that | has Can | | | |
| Scope of Contract (Choose one that | | · • [| - · · - | |
| Analysis Evaluati | | | | |
| Data Processing | Computer Programm | | IT consulting 🔲 | |
| Engineering Architect Serv | | | mental Services | |
| Health Services 🗵 | | ealth Services | | |
| Accounting Auditing | Paralegal 🗌 | Legal 🔲 | Other Consulting 🔲 | |
| | | | | |
| Employment Cotocom | Number of | Number of Hours | Amount Payable | |
| Employment Category | Employees | Worked | Under the Contract | |
| Physician Managers | | | | |
| 11-9111.00 / 29-1242.00 | 3 | 840 | \$500,000.00 | |
| | | | \$500,000.00 | |
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| | | | | |
| | | | | |
| Total this page | 3 | 840 | 500,000.00 | |
| | 3 | | | |
| Grand Total | <u> </u> | 840 | \$500,000.00 | |
| Name of person who prepared this rep | ort: David Earesite | | | |
| reame of person who prepared this rep | oit. <u>David Egiesits</u> | | | |
| Preparer's Signature: Davi Egy | unt- | | _ | |
| | | DI # 245 464 9 | - | |
| Title: Accountant | | Phone #: <u>315-464-8</u> | 319/ | |
| Date Prepared: <u>04/16/2024</u> | | | | |
| Use additional pages if necessary) | | | Page 1 of 1 | |

FORM B

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: SUNY Upstate Medical University | | | |
|---|------------------------|-----------------------------|-----------------------------------|
| | | 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 St | reet, Syracuse, I | NY 13210 | |
| Description of Services Being Providence | ed: Ambulatory | Psychiatry Services | |
| | | | |
| Soon of Control (Olympia) | | | |
| Scope of Contract (Choose one that b | · | turturu. | |
| ☐ Data Processing ☐ Computer Processing ☐ Data Processing ☐ Computer Processing | | ining | |
| ☐ Engineering ☐ Architect Services | = | Other IT consulting | Panina. |
| ☐ Health Services ☐ Mental Health | | ☐ Environmental | Services |
| | ralegal 🔲 Leg | gal 🔲 Other Consul | ting |
| | | | |
| 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 re | port: Terri West | on | |

Title: CFO
Preparer's Signature:

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

Phone #: 315-464-3119

Page 1 of 1

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | | |
|---|--|---|---|--|
| Report Period: April 1, to March 31, | | | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> | |
| Scope of Contract (Choose one that Analysis | on Resean Computer Programmi ices Survey Mental He Paralegal | ing Other : ring Enviror alth Services Legal | Training IT consulting Imental Services 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 rep Preparer's Signature: | | | | |
| Title: | | Phone #: | | |
| Date Prepared: | | | | |
| Use additional pages if necessary) | | | Page of | |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contractor's Annual Employment Report | | | |
|---|---|------------------------------------|---|
| Report Per | riod: April 1, to | March 31, | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| | | | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He | ing Other ing Environalth Services | Training IT consulting Imental Services 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 rep Preparer's Signature: | ort: C_Sawe | Dhana #: | |
| Title: | | Phone #: | |
| Date Prepared: 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: 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 Pro | ogramming 🔲 | Other IT consulting | | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services | |
| ☐ Health Services ☑ Mental Health | Services | | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | al 🔲 Other Consul | ting | |
| 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 | | \$0.00 | | |
| 0.00 0.00 \$0 | | \$0.00 | | |
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| | 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 | |

| maine of person who p | repared this report. Term weston | |
|-----------------------|----------------------------------|-----------------------|
| Title: CFO | | Phone #: 315-464-3119 |
| Preparer's Signature: | Terri Weston | |

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

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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 ☐ Re | search 🔲 Trai | ning | | | | |
| ☐ Data Processing ☐ Computer Pro | ogramming 🔲 | Other IT consulting | | | | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services | | | |
| ☐ Health Services ☐ Mental Health | Services | | | | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | al Other Consul | ting | | | |
| 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 | | | |
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| | 0.00 | 0.00 | \$0.00 | | | |
| | 0.00 | 0.00 | \$0.00 | | | |
| | 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: Teru Wastr | |
| Date Prepared: 05/15/2024 | |
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Page 1 of 1

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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 |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | gal 🔲 Other Consul | ting | | | |
| 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 | | | | | | |
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| | 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: Teni Wistr | |
| 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

| Report F | -enou. April 1, 202 | 3 to March 31, 2024 | | | |
|--|---|------------------------------|--------------------------------------|--|--|
| | | | | | |
| Contracting State Agency Name: SUNY Upstate Medical University | | | | | |
| Contract Number: C-505453 | Contract Number: C-505453 Agency Business Unit: 28110 | | | | |
| Contract Term: 12/31/2020 to 12/31/2 | 2025 | Agency Department II | D: 3320211 | | |
| Contractor Name: TeleTracking Tech | • | | | | |
| Contractor Address: 336 Fourth A Pittsburgh, P | | | | | |
| Scope of Contract (Choose one tha | | | | | |
| ☐ Analysis ☐ Evaluation | Research | ☐ Training | | | |
| ☐ Data Processing ☐ Comput | er Programming | ⊠Other IT consulting | | | |
| ☐ Engineering ☐ Architect Se | rvices Su | rveying | ental Services | | |
| ☐ Health Services. ☐ Mental F | lealth Services | | | | |
| ☐ Accounting ☐ Auditing | ☐ Paralegal | ☐ Legal ☐ Othe | r 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 | | |
| . Tojour managoro [consultanta] | | | | | |
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| | | | | | |
| Total this page | | | \$0.00 | | |
| Grand Total | | | \$0.00 | | |
| Name of person who prepared this report: RACHEL SNYDER | | | | | |
| Title: 32. SALES OPERATIONS ANALYST Phone #: 1-800-927-0294 | | | | | |
| Preparer's Signature: Rockel Sygue | | | | | |
| Date Prepared: 04 / 29 / 2024 | | | | | |
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Page 1 of <u>1</u>

FORM B

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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | | | |
|--|--|---|--|--|--|
| Report Per | riod: April 1, to | March 31, | | | |
| Contracting State Agency Name: SUNY Upstate Medical University Agency Code: 28110 Contract Number: Contract Term: Contractor Name: Contractor Address: Description of Services Being Provided | | | | | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other : ing Environ alth Services Legal | Training IT consulting mental Services 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: Wisdine C. Sawe | | | | | |
| Title: Phone #: | | | | | |
| Date Prepared: | | | | | |
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FORM B

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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: SUN Contract Number: C-505493 Contract Term: 10/1/23 to 9/30/2 Contractor Name: Ophthalmology Me Contractor Address: 550 Harrison Street Description of Services Being Provided | dical Service Group eet, Suite L, Syracuse | Inc , NY 13202 | code: 28110 | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programm ices Surve | ing COther ying COTHER ealth Services COTHER | Training IT consulting nmental Services 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 | 11 | 2,600 | \$437,170.05 | |
| Name of person who prepared this report Preparer's Signature: | ort: Diedre L. Booz | er | | |
| Title: Business Manager | | Phone #: 315-464- | 8129 | |
| Date Prepared: 04/22/2024 | | | | |
| Use additional pages if necessary) | | | Page of | |

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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: 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, Administrative and other Support Personnel Services. | | | | | |
|--|-------------------|-------------------|--|--|--|
| Scope of Contract (Choose one that Analysis Evaluation | | rch \square | Training | | |
| — _ | Computer Programm | | IT consulting | | |
| Engineering Architect Serv | ices 🔲 Survey | ring Environ | nmental Services | | |
| Health Services | | alth Services | <u>. </u> | | |
| Accounting Auditing | Paralegal 🗌 | Legal | Other Consulting | | |
| P 1 10 | Number of | Number of Hours | Amount Payable | | |
| Employment Category | Employees | Worked | 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 representations of person who prepared this representation of the person who prepared the person who person w | ort: Tami Rowe | | | | |
| Title: General Manager | | Phone #: 315-234- | 1029 | | |
| Date Prepared: 04/24/2024 | | | | | |
| Use additional pages if necessary) | | | Page 1 of 1 | | |

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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 Upsta | ate Medical | University |
|--------------------------------|------------|-------------|------------|
|--------------------------------|------------|-------------|------------|

Contract Number: C 505570

Agency Business Unit:

Contract Term: 1/1/2021 to 12/31/2023

Scope of Contract (Choose one that best fits):

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

| ☐ Analysis ☐ Evaluation ☐ Res | search | ning | |
|------------------------------------|------------------------|---------------------------|--------------------------------------|
| ☐ Data Processing ☐ Computer Pro | | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | · = | - | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | al 🔲 Other Consult | ting |
| 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 |
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| | 0.00 | 0.00 | \$0.00 |
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| | 0.00 | 0.00 | \$0.00 |
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| | 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: <u>Terric Wes</u> | |
| Date Prepared: 05/15/2024 | |
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(Use additional pages, if necessary)

FORM B

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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | |
|---|--|---|--|
| Report Per | riod: April 1, to | March 31, | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other : ing Environ alth Services Legal | Training IT consulting mental Services 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 rep | ort: | | |
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| Date Prepared: | | i none //. | |
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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | |
|---|------------------------|---------------------------|-----------------------------------|
| Report Per | riod: April 1, to | March 31, | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| Scope of Contract (Choose one that best fits): Analysis | | | |
| 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: Title: Phone #: | | | |
| Date Prepared: Use additional pages if necessary) | | | Page of |

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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | | |
|---|------------------------|---------------------------|-----------------------------------|--|
| Report Per | riod: April 1, to | March 31, | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> | |
| Scope of Contract (Choose one that best fits): Analysis | | | | |
| 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 rep | ort: | | | |
| Preparer's Signature: | Sawe | Phone #: | | |
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State Consultant Services Contractor's Annual Employment Report

| Report Period: April 1, to March 31, | | | |
|---|--|--|--|
| | | | |
| Contract Number: | NY Upstate Medical U | Iniversity Agency | Code: <u>28110</u> |
| Contract Term:to | | | |
| Contractor Name: | | | |
| Contractor Address: Description of Services Being Provide | | | |
| Description of Services Being Provide | ·a | | |
| | | | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other Other ing Enviror Enviror alth Services Legal | Training IT consulting Immental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
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| Total this page Grand Total | | | |
| Grand Total | | | |
| Name of person who prepared this rep | ort: | | |
| Preparer's Signature: Winding (| C Sawe | | _ |
| Title: | 19 | Phone #: | |
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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | | |
|---|--|--|---|--|
| Report Period: April 1, to March 31, | | | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other Other Cong Environ Cong Co | Training IT consulting Imental Services 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 rep Preparer's Signature: Title: | Λ. | Phone #: | | |
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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | |
|---|--|---|--|
| Report Period: April 1, to March 31, | | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other : ing Environ alth Services Legal | Training IT consulting Imental Services 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: Phone #: | | | |
| Date Prepared: | | | |
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| Category Code: | |

State Consultant Services

| Contrac | tor's Annual Empl | oyment Report | |
|---|---|--|--|
| Report Per | iod: April 1, 2023 1 | o March 31, 2024 | |
| Contracting State Agency Name: SUN Contract Number: C/X-505721 Contract Term: 07/01/2022 to Contractor Name: Neurology Medical Contractor Address: 750 East Adams Description of Services Being Provide | 06/30/2026 Service Group LLP Street, Syracuse, NY | 13210 | Code: 28110 |
| Scope of Contract (Choose one that Analysis Evaluation Data Processing Engineering Architect Services Maccounting Auditing | on Research Computer Programm ices Surve Mental H Paralegal | ning Other ying Enviror ealth Services Legal | Training IT consulting Immental Services Other Consulting Immediately Immediat |
| 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 Grand Total | 33 33 | 14,040 14,040 | \$218,285.00 \$218,285.00 |
| | | טדט,דו | Ψ2 10,200.00 |
| Name of person who prepare this rep | ort: Ashley Vinci | A 0 A | |
| Preparer's Signature: | my M | Phone #: 215 464 i | - 5013 |
| Title: Principal Practice Manager Date Prepared: 05/15/2024 | | Phone #: 315-464- | 5013 |
| Date Frepared, 00/10/2024 | | | |

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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

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 | | | | |
|--|------------------------|---------------------------|-----------------------------------|--|
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract | |
| 29-129.04 | 2 | 1,664 | \$269,503.77 | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Total this page | | | | |
| Grand Total | | 1,664 | \$269,503.77 | |

| Name of person who prepared this report: Christopher L. La | lone |
|--|-----------------------|
| Preparer's Signature: | 3 |
| Title: Business Manager | Phone #: 315-464-2240 |
| Date Prepared: <u>04/16/2024</u> | |

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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report | | | |
|---|--|---|---|
| Report Period: April 1, to March 31, | | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other : ring Enviror alth Services Legal | Training IT consulting Imental Services 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 rep Preparer's Signature: Title: | ort: | Phone #: | |
| Date Prepared: 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: 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 be Analysis Evaluation Data Processing | | arch Other | Training [|
| Engineering Architect Service | es 🗍 Surve | | nmental Services |
| Health Services Accounting Auditing | Paralegal | | 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 |
| Name of person who prepared this report Preparer's Signature: | rt: Diedre L. Booz | | \$136,898.04 8129 |
| Name of person who prepared this repo | rt: Diedre L. Boo | zer Phone #: <u>315-464</u> - | 8129 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

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

| | iod: April 1. Loke | | | | |
|--|--------------------------------------|---|---|--|--|
| Contracting State Agency Name: SUN | Y Upstate Medical | University Agency | y Code: 28110 | | |
| Contract Number: C-505731 Contract Term: 07/01/2021 to | 06/30/2026 | | | | |
| Contract Term: 07/01/2021 to Contractor Name: Upstate Orthopedic | | | | | |
| Contractor Address: 6620 Fly Road, Ste 200 East Syracuse, NY 13057 | | | | | |
| | | | | | |
| Scope of Contract (Choose one that I Analysis | on Rese Computer Programm ices Surve | eying Environment | Training IT consulting nmental Services 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 | ort: David Egresits | 3 | | | |
| Fitle: Accountant Phone #: 315-464-8197 | | | 8197 | | |
| Date Prepared: 04/16/2024 Use additional pages if necessary) | | | Page 1 of 1 | | |

FORM B

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: SUNY Upstate Medical Universit | Contracting State A | Agency Name: | SUNY Upstat | e 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 b | 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 | | |

| Nama of n | oroon who | nronarad | thin | ranart. | Τ: | Wastes |
|-----------|------------|----------|------|---------|--------|--------|
| Name of p | erson wire | prepared | นาเธ | TEDUIL. | 1 erri | weston |

Title: CFO
Preparer's Signature: Veni Wesh

Date Prepared: 5/15/2024

(Use additional pages, if necessary)

Page 1 of 1

Phone #: 315-464-3119

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 b | est fits): | | <u>.,.</u> |
|--------------------------------------|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Re | search 🔲 Trai | ning | |
| ☐ Data Processing ☐ Computer Pr | ogramming 🔲 | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | nralegal 🔲 Leg | al 🔲 Other Consul | ting |
| 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: Tem Wuth | |
| Date Prepared: 05/15/2024 | |

(Use additional pages, if necessary)

FORM B

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Report Per | iod: April 1, 2023 t | • | |
|---|---|---------------------------|--------------------------------------|
| Contracting State Agency Name: SUN Contract Number: C-505783 Contract Term: 07/01/2021 to Contractor Name: Neurology Medical Contractor Address: 750 East Adams Description of Services Being Provide | 06/30/2026 Service Group LLP Street, Syracuse, NY | 13210 | y Code: 28110 |
| Scope of Contract (Choose one that Analysis Evaluation Data Processing Engineering Architect Services Health Services Accounting Auditing | on Resea Computer Programm ices Surve Mental He Paralegal | ying | Training |
| 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 Preparer's Signature: | rt: Ashley Vinci | uì. | _ |
| Title: Principal Practice Manager | | Phone #: 315-464- | 5013 |
| Date Prepared: <u>05/15/2024</u> | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

(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

| . topott onou | 7 (5111 1, 2020 | 10 March 51, 202 | T |
|---|--|---|--------------------------------------|
| Contracting State Agency Name: Contract Number: C-505794 Contract Term: 07/01/2021 to 06/3 Contractor Name: Psychiatry Faculty Contractor Address: 719 Harrison State Description of Services Being Provide Scope of Contract (Choose one that b | Practice, Inc. reet, Syracuse, Ned: Psychiatric (| Agency Business Ur Agency Department New York 13210 | ID: 28110 |
| ☐ Analysis ☐ Evaluation ☐ Re | search 🔲 Trai | ning | |
| ☐ Data Processing ☐ Computer Pro | | Other IT consulting | |
| Engineering Architect Services | , , | ☐ Environmental | Services |
| Health Services Mental Health | | | |
| Accounting Auditing Paralegal Legal Other Consulting | | | ting |
| 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 re Title: CFO Preparer's Signature: | port: Terri Westo | | 315-464-3119 |

FORM B

| OSC Use | Only: | |
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| Category | Code: | |

State Consultant Services Contractor's Annual Employment Report

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

| Ttoport I of | ou. April 1, Aozo u | V AIAMA VA VA J EVET | |
|--|--|---|--|
| Contracting State Agency Name: SUN Contract Number: C-505797 Contract Term: 01/01/2022 to Contractor Name: Upstate Orthopedics Contractor Address: 6620 Fly Road, St Description of Services Being Provided Pedicatri Orthopedic Trauma On Call Contractor Orthopedic Trauma Orthopedic Orthop | 12/31/2026 s, LLP te 200 East Syracuse d Orthopedic Traum | , NY 13057 a On Call, Spinal Trau | ma On Call and |
| Scope of Contract (Choose one that he Analysis | n Resea Computer Programm ces Surve | ing Other ying Environ ealth Services | Training IT consulting nmental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 29-1242.00 Trauma Coverage 29-1242.00 Spine Coverage 29-1243.00 - Pediatric Coverage | 1 1 | 8,784 8,784 8,784 | \$439,200.00 \$100,274.00 \$183,000.00 |
| Total this page Grand Total | 3 3 | 26,352 26,352 | 722,474 \$722,474.00 |
| Name of person who prepared this report Preparer's Signature: Title: Accountant | - | Phone #: 315-464- | 8197 |
| Date Prepared: 04/16/2024 Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

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

| 200000000000000000000000000000000000000 | lod: April 1, 2023 t | | |
|--|----------------------|---|--|
| Contracting State Agency Name: SUN | Y Upstate Medical | University Agency | Code: 28110 |
| Contract Number: C-505797 | | | |
| Contract Term: 01/01/2022 to | 12/31/2026 | | |
| Contractor Name: Upstate Orthopedics | | >W7.10065 | |
| Contractor Address: 6620 Fly Road, S | | | 0 0 11 1 |
| Description of Services Being Provided | | | ma On Call and |
| Pedicatri Orthopedic Trauma On Call C | Coverage for Univers | sity Hospital | |
| | | | |
| Scope of Contract (Choose one that It Analysis | n | ning Other sying Enviro lealth Services | Training IT consulting nmental Services Other Consulting |
| | Number of | Number of Hours | Amount Payable |
| Employment Category | Employees | Worked | Under the Contrac |
| 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 repo | ort: David Egresits | 3 | |
| Preparer's Signature: Dani Equ | | | |
| Title: Accountant | | Phone #: 315-464- | 8197 |
| Date Prepared: 04/16/2024 | | | _ |
| | | | D 4 0 4 |

Use additional pages if necessary)

| OSC Use Only: | |
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| 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 Contract Number: C-505810 Contract Term: 11/11/2021 to Contractor Name: First Choice Staffing | 11/10/2026 | Oniversity Agenc | y Code: 28110 |
|---|---------------------|------------------------|---------------------------------------|
| Contractor Name: First Choice Staffing | 11/10/2026 | | |
| Contractor Name: First Choice Staffing | 1-1/10/ZUZD | | |
| | | | |
| Contractor Address: 7525 Morgan Road | Livernool NV 1 | 3090 | |
| Description of Services Being Provided | Payroll Service for | or SUNY Standardized 1 | Patient Program and |
| ATLS Program | | | dione i rogram and |
| | | | |
| | | | |
| Scope of Contract (Choose one that be | ant fital. | | |
| Analysis Evaluation | | earch 🗀 | m · · · · · · |
| Data Processing C | omputer Programm | | Training [|
| Engineering Architect Service | | | IT consulting nmental Services |
| Health Services | | lealth Services | muemai services [|
| Accounting Auditing | Paralegal 🔲 | . = | Other Consulting |
| | | | ower countities [V] |
| Employment Category | Number of | Number of Hours | Amount Payable |
| Education, Adminstrators, All | Employees | Worked | Under the Contrac |
| others | 4 | 26 | 00.044.55 |
| Education, training, & Library workers, All others | 62 | | \$3.044.20 |
| milage | 5 | 12,352 | \$273,484.65 |
| | | | \$2,666.25 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total this page | | | |
| Grand Total | 71 | 12,378 | \$279,195.10 |
| Jame of person who prepared this report | Karan Nahin | | · · · · · · · · · · · · · · · · · · · |
| reparer's Signature: | Natel Nabinge | Γ | |
| Title: Supervisor | 7-1 | D1 | <u> </u> |
| Date Prepared: 05/13/2024 | | Phone #: 315-453-5 | 533 |

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| OSC Use Only: | |
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| 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: SUN Contract Number: C-505998 | Y Upstate Medical U | Iniversity Agency | Code: 28110 |
| | 9/30/2027 | | |
| Contractor Name: University Pathologi | | p | |
| Contractor Address: 750 East Adams S | treet. Syracuse, NY | 13210 | |
| Description of Services Being Provided | Staff Services | | |
| | | | |
| Scope of Contract (Choose one that b Analysis Data Processing Contract (Choose one that b Evaluation | n Resear Computer Programmi | ng Other | Training [] IT consulting [] |
| Engineering Architect Service | | | mental Services |
| Health Services | | alth 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) | 72.40 | ~ 148 K \VE | \$4.M/V |
| 43-5021.00 (Couriers) | | 17. | - 11 |
| 43-6031.00 (Medical Secretaries and Admin Assistants) | | | |
| 31-9097 (Phlebotomists) | | | |
| | | | |
| | | | |
| | | | |
| Total this page | 72,40 | ~ 148 K \ | 4 4 M/Vr |
| Grand Total | 72.60 | ~ 148 K/Vr | \$4.M/V |
| Name of person who prepared this repor | t: Michel Nasr | | |
| Preparer's Signature: | - | | |
| Title: President | | Phone #: 315-657-4 | 692 |
| Date Prepared: <u>04/15/2024</u> | | | |
| 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 Opstate Medical University | |
|--------------------------------|------------------------------------|-------|
| Contract Number: C 506016 | Agency Business Unit: | |
| Contract Term: 01/01/2022 to | 12/31/2024 Agency Department ID: 1 | 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 ☐ Pa | ralegal 🔲 Leg | gal | ting | | |
| Number of Number of Amount Payable Employment Category Employees Hours Worked 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 W | /eston |
|--|-----------------------|
| Title: CFO | Phone #: 315-464-3119 |
| Title: CFO Preparer's Signature: Term We ha | √ |
| Date Prepared: 05/15/2024 | |
| (Use additional pages, if necessary) | Page 1 of 1 |

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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 Pa | ralegal 🔲 Leg | al 🔲 Other Consult | ting | | |
| Number of Number of Amount Payable Employment Category Employees Hours Worked 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 pr | epared this report: Lerri vveston | |
|-----------------------|-----------------------------------|-----------------------|
| Title: CFO | | Phone #: 315-464-3119 |
| Preparer's Signature | (erin Wester | |

Date Prepared: 05/15/2024

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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 be | est fits): | | |
|---------------------------------------|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Res | search 🔲 Trai | ining | |
| ☐ Data Processing ☐ Computer Pro | gramming 🔲 | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | ☐ Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Par | ralegal 🗌 Leg | al Dther Consul | ting |
| 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: _

Date Prepared: 5/15/2024

(Use additional pages, if necessary)

FORM B

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Report Per | iod: April 1, 2023 (| to March 31, 2024 | |
|--|---|---------------------------|---|
| Contracting State Agency Name: SUN Contract Number: C/X-506201 Contract Term: 07/01/2022 to Contractor Name: Neurology Medical Contractor Address: 750 East Adams Description of Services Being Provided | 06/30/2027 Service Group LLP Street, Syracuse, NY | 13210 | y Code: 28110 |
| Scope of Contract (Choose one that I Analysis Evaluation Data Processing Architect Services Health Services Auditing Auditing | on Research Computer Programm ces Surve | ying Enviro | Training IT consulting nmental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contrac |
| Physicians and Surgeons-All Other | 1 | 2,080 | \$241,068.00 |
| | | | |
| Total this page Grand Total | 1 | 2,080 2,080 | \$241,068.00 \$241,068.00 |
| Name of person who prepared this report Preparer's Signature: Title: Principal Practice Manager | ort: Ashley Vinci | Phone #: 315-464- | |
| Date Prepared: 05/15/2024 | - | | |
| (Ise additional names if necessary) | | | Page 1 of 1 |

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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.

Scope of Contract (Choose one that best fits):

Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Medical Direction

| Analysis Evaluation Re | search 🔲 Tra | in i ng | |
|------------------------------------|------------------------|---------------------------|--------------------------------------|
| ☐ Data Processing ☐ Computer Pro | ogramming 🔲 | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal Leg | gal | ting |
| 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 Westor | Name of | person who | prepared this | report: Terri | Weston |
|---|---------|------------|---------------|---------------|--------|
|---|---------|------------|---------------|---------------|--------|

Therea West (TERR) Phone #: 315-464-3119 Title: CFO

Date Prepared: 5/15/2024

Preparer's Signature:

(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: 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 b | est fits): | | |
|---|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Re | search 🔲 Trai | ining | |
| ☐ Data Processing ☐ Computer Pr | ogramming 🔲 | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | S Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal | al Dther Consul | ting |
| 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: Juni Wester | |
| Date Prepared: 05/15/2024 | |
| | |

(Use additional pages, if necessary) Page 1 of 1

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contractor's Annual Employment Report | | | |
|---|--|---|--|
| Report Period: April 1, to March 31, | | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other ing Environalth Services Legal | Training IT consulting Imental Services 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 rep Preparer's Signature: | Clawe | Dl. a. a. #. | |
| Title: Date Prepared: Use additional pages if necessary) | | Phone #: | Page of |

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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 Agend

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 be | est fits): | | | |
|---|------------------------|---------------------------|---|--|
| _ ` ` | | ning | | |
| ☐ Data Processing ☐ Computer Pro | ogramming 🔲 | Other IT consulting | | |
| ☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services | | | | |
| ☐ Health Services ☐ Mental Health | | | | |
| ☐ 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: | Lerri vveston |
|--------------------|-----------------------|---------------|
|--------------------|-----------------------|---------------|

Title: CFO

Phone #: 315-464-3119

Preparer's Signature:

Line Wish

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

FORM B

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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contra | ctor's Annual Emp | loyment Report | |
|--|---|--|---|
| Report | Period: April 1, 23 | to March 31, 24 | |
| Contracting State Agency Name: SUR Contract Number: C-506321 Contract Term: 1/1/2023 to Contractor Name: Physical Medicine Contractor Address: 750 East Adams Description of Services Being Provide | 12/31/27 and Rehabilitation M | ISG, LLP | y Code: 28110 |
| Scope of Contract (Choose one that Analysis Evaluation Data Processing Marchitect Services Marchitect Services Accounting Marchitect | on Research Computer Programm ices Surve Mental H Paralegal | ning Other ying Environ ealth Services Legal | Training IT consulting mental Services 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 Preparer's Signature: Title: Business Manager Date Prepared: 04/16/2024 | ort: Christopher L. | Phone #: <u>315-464-</u> | 2240 |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | Ī |
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| Reporting Code: | |
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State Consultant Services Contractor's Annual Employment Report

| Contracting State Agency Name: SU Contract Number: C/X-506354 Contract Term: 10/15/2022 to Contractor Name: Neurology Medica Contractor Address: 750 East Adams Description of Services Being Provide | 10/14/2026 I Service Group LLP Street, Syracuse, NY | 13210 | y Code: 28110 |
|--|--|--|--|
| Scope of Contract (Choose one that Analysis Evaluati Data Processing Engineering Architect Services Health Services Additing Additing | on Reservation Reservation Reservation Programm rices Surve Mental H | ying Environment E | Training IT consulting nmental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contrac |
| 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 representations of the preparer's Signature: | ort: Ashley Vinci | ll | = |
| Title: Principal Practice Manager | (A) | Phone #: 315-464- | 5013 |

Use additional pages if necessary)

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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

Contract Number: C 506379

(Use additional pages, if necessary)

Agency Business Unit:

Contract Term: 12/1/2022 to 11/30/2025

Agency Department ID: 28110

Page 1 of 1

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 I Analysis Evaluation Re Data Processing Computer P Engineering Architect Service Health Services Mental Health | esearch 🗌 Traii rogramming 🔲 es 🔲 Surveying | ning Other IT consulting □ Environmental | Services |
|--|---|--|--------------------------------------|
| ☐ Accounting ☐ Auditing ☐ Pa | aralegal 🗌 Leg | al 🔲 Other Consul | ting |
| 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 |
| Total this Page | 9.00 | 1,520.00 | \$192,231.00 |
| Grand Total | 9.00 | 1,520 | \$192,231.00 |

| Phone #: 315-464-3119 |
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FORM B

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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contractor's Annual Employment Report | | | |
|--|------------------------|---------------------------|--------------------------------------|
| Report Period: April 1, to March 31, | | | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: 28110 |
| | | | |
| Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Training Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting Other Consulting Description | | | |
| 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 rep | ^ | | |
| Preparer's Signature: Wistine C | Sawe | | |
| Title: | | Phone #: | |
| Date Prepared: | | | |
| Use additional pages if necessary) | | | Page of |

Area: Mail/Send Date:

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 | Services | | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | al 🔲 Other Consul | ting | |
| Number of Number of Amount Payable Employment Category Employees Hours Worked 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 | | | |
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| 0.00 0.00 \$0.0 | | | | |
| | 0.00 0.00 \$0.0 | | | |
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| 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 We | ston |
|---|-----------------------|
| Title: CFO | Phone #: 315-464-3119 |
| Preparer's Signature: Tuni We h | |
| 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: 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 ☐ Pa | ralegal Leg | al Other Consul | ting | |
| 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 \$0.0 | | | | |
| 0.00 0.00 \$0.0 | | | | |
| 0.00 0.00 \$0.0 | | | | |
| 0.00 0.00 \$0. | | | | |
| | 0.00 0.00 \$ | | | |
| | 0.00 | 0.00 | \$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 | | | | |
| 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: Ten Woh

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: 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.

Scope of Contract (Choose one that best fits):

Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Inpatient Child Consultation

| ☐ Analysis ☐ Evaluation ☐ Res | search 🔲 Tra | ining | |
|---|------------------------|---------------------------|--------------------------------------|
| ☐ Data Processing ☐ Computer Programming ☐ Other IT consulting | | | |
| ☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services | | | |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🗌 Leg | al 🗌 Other Consul | ting |
| 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 |
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| | 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: Terr | |
|---|-----------------------|
| Title: CFO | Phone #: 315-464-3119 |
| Preparer's Signature: Teni Wester | |
| Date Prepared: 05/15/2024 | |
| (Use additional pages, if necessary) | Page 1 of 1 |

FORM B

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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| ontract Term: 07/01/2023 to | 06/30/2027 | | |
|--|-------------------|------------------|--------------------------------|
| contractor Name: Neurology Medical | | | |
| contractor Address: 750 East Adams S rescription of Services Being Provided | | 13210 | |
| | /,5 | | |
| | | | |
| cope of Contract (Choose one that b | | . 🗀 | |
| Analysis Evaluation | | arch C | Training [|
| Data Processing | Computer Programn | | IT consulting mental Services |
| lealth Services | | ealth Services | mientai bervices 🗀 |
| Accounting Auditing | Paralegal 🔲 | Legal 🔲 | Other Consulting 🗌 |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contrac |
| hysicians and Surgeons-All | 40 | 38.316 | \$797.674.00 |
| | | | 4151144 |
| | | | |
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| | | | |
| | | | |
| | | | |
| Total this page | 40 | 20 216 | \$707 674 00 |
| Grand Total | 40 | 38,316 38,316 | \$797,674.00 \$797,674.00 |
| Grand Total | 40 | 30,310 | \$191,014.00 |
| ame of person who prepared this gepo | t: Ashley Vinci | | |
| | 1011111 | NO 1 | |
| reparer's Signature: | | V W | |

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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

| est fits): | | |
|------------------------|---------------------------|--|
| search 🔲 Traini | ing | |
| ogramming 🔲 C | Other IT consulting | |
| Surveying | ☐ Environmental | Services |
| Services | | |
| ralegal 🔲 Legal | I ☐ Other Consul | ting |
| Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 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 |
| 12.00 | 4,917.00 | \$792,600.00 |
| 12.00 | 4,917 | \$792,600.00 |
| | Search | Training Other IT consulting Surveying Environmental Services Talegal Other Consulting Number of Hours Worked 12.00 4,917.00 0. |

| Name of | person who | prepared | this report: | Terri Weston |
|---------|------------|---------------|--------------|---|
| | P 0 . 0 0 | P. 0 P W. 0 W | and report. | , 0,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

Title: CFO

Preparer's Signature: Terri West (Terri)

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

Page 1 of 1

Phone #: 315-464-3119

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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 b | est fits): | | |
|--|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Res | search 🔲 Train | ning | |
| ☐ Data Processing ☐ Computer Programming ☐ Other IT consulting | | | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Lega | al Other Consult | ting |
| 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 |
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| | 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: Verw Wester | |
| Date Prepared: 05/15/2024 | |

(Use additional pages, if necessary)

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
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State Consultant Services Contractor's Annual Employment Report

| Contractor's Annual Employment Report Report Period: April 1, to March 31, | | | |
|---|--|---------------------------------------|--|
| | | | |
| Contract Number: | | <u>niversity</u> Agency | Code: <u>28110</u> |
| Contract Term:to | <u></u> | | |
| Contractor Name: | | | |
| Description of Services Being Provide | d | | |
| | | | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other ing Enviror Enviror Legal | Training IT consulting Imental Services Other Consulting IT CONSULT IT |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
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| Name of person who prepared this rep | · | | |
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| Date Prepared: | | | |
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State Consultant Services Contractor's Annual Employment Report

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

| 7,010,010 | out rapidly as a | | |
|---|------------------------|---------------------------|---|
| Contracting State Agency Name: SUN | Y Upstate Medical | University Agency | y Code: 28110 |
| Contract Number: C-600963 | 00/01/0005 | | |
| Contract Term: 09/01/2020 to | | | |
| Contractor Name: Upstate Orthopedics | | NW 12057 | |
| Contractor Address: 6620 Fly Road, St Description of Services Being Provided | | | onadion |
| Description of Services Deing Provided | i internal Cost Sav. | mgs Agreement for Ott | lopeuics |
| Scope of Contract (Choose one that he Analysis Evaluation Data Processing | | arch [] | Training [] IT consulting [] |
| Engineering Architect Servi | | | nmental Services |
| Health Services | Mental H | ealth Services | milentar pervices |
| Accounting Auditing Auditing | | | Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 11-9111.00 / 29-1242.00 | 1 | 48 | |
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| Total this page | 1 | 48 | |
| Grand Total | 1 | 48 | 1 |
| | . D. 11 E | | 121 |
| Name of person who prepared this repo | ort: David Egresits | | = |
| Preparer's Signature: | -who | | -) |
| Title: Accountant | | Phone #: 315-464- | 8197 |
| Date Prepared: 04/16/2024 | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

rage 1 of 1

| OSC Use Only: | |
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| 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: | | | | |
| | | | | |
| 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 Additing Accounting Auditing Paralegal Legal Other Consulting | | | | |
| Employment Category | Number of | Number of Hours | Amount Payable | |
| 23-1011.00 Lawyers | Employees 1 | Worked 10 | Under the Contract \$13,257.00 | |
| Total this page Grand Total | 1 | 10 10 | \$13,257.00 \$13,257.00 | |
| | | | \$15,257.00 | |
| Name of person who prepared this report: Samuel J. Duro Preparer's Signature: Samuel Q. Duro | | | | |
| reparer s signature. | J. ww | Dh | _ | |
| Title: Business Manager | | Phone #: <u>518-452-5</u> | UUOC | |
| Date Prepared: 04/12/2024 Use additional pages if pagessary) | | | Page 1 of 1 | |

Use additional pages if necessary)

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contracting State Agency Name: SUN Contract Number: CM03569 | Y Upstate Medical I | University Agend | cy Code: 28110 |
|---|------------------------|---------------------------|------------------------------|
| Contract Term: 11/26/2023 to | 11/25/2024 | | |
| Contractor Name: FustCharles LLP | 11/23/2024 | | |
| Contractor Address: 220 S. Warren St | Syracuse NV 1320 | 12 | |
| Description of Services Being Provided | d Financial statemen | nt audit services for the | vear ending |
| December 31, 2023. Present the firm's | audit plan and the re | sults of the audit to the | State University |
| Audit Committee.Provide an independe | ent auditors' report o | n the hospital financia | statements |
| | | | |
| | | | |
| Saama of Contract (Clause) | | | |
| Scope of Contract (Choose one that I Analysis Evaluatio | | ent 🗀 | Training [|
| | Computer Programm | | Training Training Training |
| Engineering Architect Servi | | | onmental Services |
| Health Services | | ealth Services | ATTIGITATION TOTAL |
| Accounting Auditing | Paralegal 🗌 | | Other Consulting |
| | | | |
| Employment Category | Number of | Number of Hours | Amount Payable |
| 13-2011.00 Accountants and | Employees | Worked | Under the Contra |
| Auditors | 11 | 205 | \$116 145 05 |
| | | 203 | \$116,145.05 |
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| Total this page | 11 | 205 | \$116.145.05 |
| Grand Total | 11 | 205 | \$116,145.05 |
| | | | 1 |
| Name of person who prepared this repo | | 1 | |
| Preparer's Signature:_ Juca M. Sla | wool | | |
| Title: Partner/CFO | | Phone #: 315-446- | 3600 |
| Date Prepared: 4/19/2024 | | | |
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| Jse additional pages if necessary) | | | Page 1 of 1 |

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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Report Per | riod: April 1, 2023 to | March 31, 2024 | |
|---|--|------------------------------------|---|
| Contracting State Agency Name: SUI Contract Number: CM03681 Contract Term: October 21, 202 to Contractor Name: Hogan Lovells US Contractor Address: 555 13th Avenue Description of Services Being Provide | October 20, 2025 LLP NW, Washington, DO | C 20004 | y Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | on Resea Computer Programm ices Survey Mental He | zing ☐ Enviror ealth Services ☐ | Training IT consulting montal Services 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 |
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| Total this page | | | |
| Grand Total | 14 | 96 | \$78,314.55 |
| Olmio I vini | , , , , , , , , , , , , , , , , , , , | | \$70,514.55 |
| Name of person who prepared this rep | ort: <u>Jeffrey G. Schn</u> | eider | |
| Preparer's Signature: 7 | | | _ |
| Title: Partner | | Phone #: 212-918-3 | 3503 |
| Date Prepared: <u>04/29/2024</u> | | | |
| | | | |

Use additional pages if necessary)

New York State Consultant Services Contractor's Annual Employment Report

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

| The state of the s | | | |
|--|------------------------|--------------------------------|-----------------------------------|
| Contracting State Agency Name: Ups | state Medical Ur | niversity | |
| 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 Str | eet Ithaca NY 1 | 4850 | |
| Description of Services Being Provide | ed: Neuro | | year a years and a first and |
| | | e e | |
| | | | |
| Scope of Contract (Choose one that b | | ining | |
| ☐ Analysis ☐ Evaluation ☐ Red ☐ Data Processing ☐ Computer Pro | _ | ining] Other IT consulting | • • • |
| ☐ Data Processing ☐ Computer Fit | | | Sorvices 2 |
| Health Services Mental Health | | g _ M Environmental | Selvices |
| 1 . | ralegal Leg | gal 🔲 Other Consul | tina |
| 7.000diffing Elizabeth 2.1 a | | | |
| 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 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 4.00 | 8.00 | \$ 930.06 |
| Grand Total | 4.00 | 8 | \$930.06 |
| L | | | |

Name of person who prepared this report: Allison L Short

Title: Business Manager
Preparer's Signature:

Phone #: 607-273-7600 Ext.155

Date Prepared: 4/23/2024

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: Up: | state Medical Ur | niversity | e de la companya de La companya de la co |
|---------------------------------------|------------------------|---------------------------|--|
| Contract Number: PO 056255 | | Agency Business Ur | nit: |
| Contract Term: 4/14/2021 to / | 1 | Agency Department | ID: 28110 |
| Contractor Name: HOLT Architects, F | PC | | e e e e e e e e e e e e e e e e e e e |
| Contractor Address: 619 W State Str | eet Ithaca NY 1 | 4850 | and the second s |
| Description of Services Being Provide | ed: Prisoner Un | it Room | The second secon |
| Scope of Contract (Choose one that b | est fits): | | |
| ☐ Analysis ☐ Evaluation ☐ Re | search 🔲 Tra | ining | |
| ☐ Data Processing ☐ Computer Pro | ogramming [| Other IT consulting | |
| □ Engineering | | Environmental | Services, |
| ☐ Health Services ☐ Mental Health | Services | | ere en en en en en en en en |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | gal 🔲 Other Consul | ting |
| 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 |
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| | 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 re | morti Alliani I. G | No. of | |

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

Title: Business Manager

Date Prepared: 4/23/2024

Phone #: 607-273-7600 Ext 155

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: Up | state Medical Ur | iiversity | | | |
|--|------------------------|---------------------------|--|--|--|
| Contract Number: PO 057197 | | | | | |
| | | Agency Business Ur | | | |
| Contract Term: 8/6/2021 to / / Agency Department ID: 28110 | | | | | |
| Contractor Name: HOLT Architects, | | | | | |
| Contractor Address: 619 W State Str | | | · · · · · · · · · · · · · · · · · · · | | |
| Description of Services Being Provid | ed: Adult Behav | ior Door | | | |
| | | | | | |
| Scope of Contract (Choose one that b | opet fite): | | | | |
| | · | ining | | | |
| Data Processing Computer Pr | | Other IT consulting | | | |
| ☐ Engineering ☐ Architect Services | - | • | Services | | |
| ☐ Health Services ☐ Mental Health | | | | | |
| - | ralegal 🔲 Leg | gal 🔲 Other Consul | tina | | |
| The state of the s | | | | | |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract | | |
| 11-9041.00 | 1.00 | 0.75 | \$83.87 | | |
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| Total this Page | 1.00 | 0.75 | \$ 83.87 | | |
| Grand Total | 1.00 | 0 | \$83.87 | | |
| | | <u> </u> | 400.01 | | |
| Name of person who prepared this re | enort Allison I | Short | | | |
| Title: Business Manager | | /1 | 607-273-7600 Ext 155 | | |
| | n XX XX | # Phone #. | 00/-2/3~/000 EXt 133 | | |
| Preparer's Signature: | II () () PC | X | | | |
| Date Prepared: 4/17/2024 | | | | | |

(Use additional pages, if necessary)

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 | | | | | |
| ☐ Data Processing ☐ Computer Pr☐ Engineering ☐ Architect Services ☐ Mental Health | search | ining, Other IT consulting Environmental align="Bother 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 | | |
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| | 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: Allison L. Short

Title: Business Manager
Preparer's Signature:

Date Prepared: 4/23/2024

Phone #: 607-273-7600 Ext 155

(Use additional pages, if necessary)

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: Up | state Medical Ur | niversity | to the second of |
|--|------------------------|--------------------------------|--|
| | | Agency Business Unit: | |
| Contract Term: 5//07/2020 to / / Agency Department ID: 28110 | | | and the second s |
| Contractor Name: HOLT Architects, I | PC | | |
| Contractor Address: 619 W State Str | eet Ithaca NY 1 | 4850 | The second secon |
| Description of Services Being Provided: UMU Phase 4 Lobby Reno | | | |
| | ÷ | and the second second | en e |
| Control of the Contro | | | |
| Scope of Contract (Choose one that b Analysis Evaluation Re Data Processing Computer Pro Engineering Architect Services | search | ining] Other IT consulting | and the second second |
| ☐ Health Services ☐ Mental Health | Services | | Light for the Company of States and States a |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | gal | ting. |
| Employment Category | Number of Employees | | Amount Payable Under the Contract |
| 17-3011.00 | 1.00 | 6.50 | \$677.04 |
| | | | And the second s |
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| Carlos San | | | |
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| 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 Preparer's Signature: Date Prepared: 4//15/2024 Phone #: 607-273-7600 Ext 155 | | | |

FORM B

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

| Report Period: April 1, 2023 to March 31, 2024 | | | |
|---|--|---------------------------|--|
| Contracting State Agency Name: SUI Contract Number: RFP S-1338 Contract Term: 04/01/2023 to 03/31/202 Contractor Name: Commercial Inve Contractor Address: 622 Loudon F Description of Services Being Provide | 4 estigations LLC Road Suite 201 | | y Code: 28110 |
| Scope of Contract (Choose one that Analysis | on Resea Computer Programm ices Survey Mental He Paralegal | ing 🔲 Other | Training IT consulting nmental Services 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 |
| 1 toparer 5 Digitalian | ort: Michelle Pyan | | s |
| Title: Owner and President | | Phone #: 800-284-090 | 8 |
| Date Prepared: 04/26/2024 | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

| Report Per | riod: April 1, 2023 to | March 31, 2024 | | |
|--|------------------------|--|--|--|
| Contracting State Agency Name: SUR Contract Number: RFP #S-1345 Contract Term: 2022 to 2026 Contractor Name: Tipton Communication Contractor Address: 323 E. Main Street Description of Services Being Provide | ations Group, Inc. | 1 | y Code: 28110 | |
| Scope of Contract (Choose one that Analysis | on | ing Other cing Enviror calth Services | Training IT consulting nmental Services 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 rep Preparer's Signature: Title: President Date Prepared: 04/12/2024 | ort: Daniel R. Tiptor | Phone #: <u>302-454-</u> | 7901 | |
| Use additional pages if necessary) | | | Page 1 of 1 | |

FORM B

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

| Contracting State Agency Name: SU | NY Upstate Medical I | University Agency | y Code: 28110 |
|--|--------------------------------|----------------------|--------------------|
| Contract Number: RFP 8-1435 | | | |
| Contract Term: 04/01/2023 to 03/31/202 | | | |
| Contractor Name: Commercial Inv | | | |
| | Road Suite 201 ed Drug Testing | | |
| Description of Services Being Provide | ed Drug resting | | |
| | | | |
| Scope of Contract (Choose one that | best fits): | | |
| Analysis () Evaluati | | ırch 🗌 | Training |
| Data Processing | Computer Programm | ing 🗌 Other | IT consulting |
| Engineering Architect Serv | | | nmental Services |
| Health Services | Mental H | ealth Services | _ |
| Accounting Auditing | Paralegal | Legal 🗌 | Other Consulting |
| E | Number of | Number of Hours | Amount Payable |
| Employment Category | Employees | Worked | Under the Contract |
| Investigators (Ops) | 22 | 236.5 | \$67,620.68 |
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| Total this ways | 22 | 000 5 | #67 600 60 |
| Total this page | | 236.5 | \$67,620.68 |
| Grand Total | 22 | 236.5 | \$67,620.68 |
| Name of person who prepared this rep | ort: Michelle Pyan | | |
| Preparer's Signature: | So Pryces | | _ |
| Title: Owner and President | | Phone #: 800-284-090 | 3 |
| Date Prepared: 04/26/2024 | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | Ì |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| | tor's Annual Empl iod: April 1, 2023 t | - | |
|--|--|---------------------------------------|--|
| Contracting State Agency Name: SUN Contract Number: T-505672 Contract Term: 07/01/2021 to Contractor Name: Neurology Medical Contractor Address: 750 East Adams S Description of Services Being Provided | 06/30/2026 Service Group LLP Street, Syracuse, NY | | y Code: 28110 |
| Scope of Contract (Choose one that he Analysis | n Resea Computer Programm ces Surve Mental H Paralegal | ying Enviro ealth Services Legal L | Training IT consulting nmental Services 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 Grand Total | 1 1 | 208 208 | \$33,012.00 \$33,012.00 |
| Name of person who prepared this repo | ort: Ashley Vinci | u | |
| Title: Principal Practice Manager | | Phone #: 315-464- | 5013 |
| Date Prepared: <u>05/15/2024</u> | | | |

Use additional pages if necessary)

Page 1 of 1

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: SU | NY Upstate Medical | University | |
|---|------------------------|------------------------------|--------------------------------------|
| Contract Number: T-505893 Agency Business Unit: | | | t: 28110 |
| Contract Term: 2/1/2022 to 1/31/2025 | 5 | Agency Department I | D: 3320211 |
| Contractor Name: MeidcalPeople Sta | • | | |
| Contractor Address: 1780 Wehrle Williamsville | Drive Suite 105 | | |
| Description of Services Being Provide | | rary Staffing Services | |
| | N | | |
| Scope of Contract (Choose one that | at best fits): | | |
| ☐ Analysis ☐ Evaluation | Research | ☐ Training | |
| ☐ Data Processing ☐ Compu | iter Programming | Other IT consulting | 9 |
| ☐ Engineering ☐ Architect Se | ervices 🔲 Sur | veying 🔲 Environ | mental Services |
| ☐ Health Services ☐ Mental H | Health Services | | |
| ☐ Accounting ☐ Auditing | ☐ Paralegal | ☐ Legal ☐ Ott | ner Consulting |
| | | | |
| | | | |
| Employment Category | Number of Employees | Number of Hours to Worked | Amount Payable Under the Contract |
| 29-1141.04 Clinical Nurse | O. " | BUDA E | 11 Hac dague |
| Specialist | 9 | 9,730.5 | 1,756,956.96 |
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| Total this page | | 9 4205 | \$142/ 92/ W |
| Grand Total | | 9.4305 | 1 426 936 46 |
| Name of person who prepared this re | port: Renee | Budeley 19th | 1 1726,126.78 |
| Title: Payroll Secia | list is | Phone #: (| 716 650-452 |
| Preparer's Signature: 2 00 | Budellin | DX. | 1301 |
| Date Prepared: 5 191 QU | | | |
| (Use additional pages, if necessary) | | | Page 1 of |

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Report Period: April 1, 2023 to March 31, 2024 | | | | | |
|--|--|--------------------------|---------------------------------------|--|--|
| | | | <u> </u> | | |
| Contracting State Agency Name: <u>SUN</u> Contract Number: T-505962 | NY Upstate Medical U | Iniversity Agency | Code: <u>28110</u> | | |
| · · · · · · · · · · · · · · · · · · · | 11/28/2024 | | | | |
| Contractor Name: CR Fletcher Temps | | | | | |
| Contractor Address: 126 N Salina St, | | VV 13202 | | | |
| Description of Services Being Provide | | | tors | | |
| Description of Services Being Frovide | d Temporary Materi | ai Management Expedi | 1015 | | |
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| Lieuwana and an and an | ······································ | * * * * | | | |
| Scope of Contract (Choose one that | host fits): | | | | |
| Analysis Evaluati | | rch 🗆 | Training | | |
| Data Processing | Computer Programm | | IT consulting | | |
| Engineering Architect Serv | | | nmental Services | | |
| Health Services | <u> </u> | ealth Services | illielitai Services [_] | | |
| | | | Othor Consulting V | | |
| Accounting Auditing | Paralegal 🗌 | Legal | Other Consulting 🔀 | | |
| | Number of | Number of Hours | Amount Payable | | |
| Employment Category | | Worked | Under the Contract | | |
| 12 1071 00 LID Consists | Employees | | | | |
| 13-1071.00 HR Specialist 43-4161.00 HR Assistsant | 4 | 500 | \$16,250.00 | | |
| | | 100 | \$2,000.00 | | |
| 13-2011.01 Accountant 1 100 \$3,000.00 | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Total this page | | | | | |
| Grand Total | | · | \$21,250.00 | | |
| | | | | | |
| Name of person who prepared this rep | ort; Michelle Jevis | | ···· | | |
| Preparer's Signature: MCMUU M | | | | | |
| • | | | | | |
| Title: President | - | Phone #: <u>315-471-</u> | 1000 | | |
| Date Prepared: <u>5/7/2024</u> | | | | | |

Use additional pages if necessary)

Upstate Fax Server 1 5/15/2024 6:26:34 PM PAGE 5/027 Fax Server

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: T506108 Agency Business Unit:

Contract Term: 03/01/2022 to 02/28/2025 Agency Department ID: 28110

Contractor Name: Psychiatry Faculty Practice, Inc.

Scope of Contract (Choose one that best fits):

Contractor Address: 719 Harrison Street, Syracuse, NY 13210 Description of Services Being Provided: Medical Direction

| ☐ Analysis ☐ Evaluation ☐ Research ☐ Training | | | | |
|---|------------------------|---------------------------|--------------------------------------|--|
| ☐ Data Processing ☐ Computer Pro | ogramming 🔲 | Other IT consulting | | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services | |
| ☐ Health Services ☐ Mental Health | Services | | | |
| Accounting Auditing Pa | ralegal 🔲 Leg | al 🗌 Other Consul | ting | |
| 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:

Phone #: 315-464-3119

Date Prepared: 05/15/2024

(Use additional pages, if necessary)

Page 1 of 1

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

| | Y Upstate Medical 1 | University Agency | Code: 28110 |
|--|----------------------|----------------------------|-------------------------|
| Contract Number: T-506109 Contract Term: 7/1/22 to 6/3025 | | | |
| Contractor Name: Wireless Business G | | | |
| Contractor Address: 1620 Burnet Aven | | 3206 | |
| Description of Services Being Provided | Manage Upstate I | Hospital's wireless/cellul | ar services. Review |
| voices each month, order cellular equi | pment, provide han | dset technical support, l | nelp with provisionin |
| f drones and also work with Telecom of | office on inbuilding | coverage issues. | |
| | | | |
| • | | | |
| | | | |
| cope of Contract (Choose one that b | | . 🖂 | |
| Analysis Evaluation | | | Training |
| | Computer Programm | <u> </u> | IT consulting |
| Engineering Architect Service | es Surve | / | nmental Services |
| lealth Services | | ealth Services | Oul CItin - 🔽 |
| Accounting Auditing | Paralegal 🔲 | Legal [| Other Consulting |
| | Number of | Number of Hours | Amount Payable |
| Employment Category | Employees | Worked | Under the Contract |
| | Employees | DOTON | Olider the Contrac |
| 'elecommunications Engineering | | | |
| elecommunications Engineering | 8 | 385 | \$56,700,00 |
| Telecommunications Engineering Specialists | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
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| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | \$56,700.00 |
| | 6 | 385 | |
| | 6 | 385 | \$56,700.00 \$56,700 |

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

| Report Period: April 1, 2023 to March 31, 2024 | | | |
|---|--|----------------------------|--|
| Contracting State Agency Name: SUN Contract Number: T-506120 Contract Term: 5/16/2022 to Contractor Name: CR Fletcher Temps Contractor Address: 126 N Salina St, Description of Services Being Provide Personnel Services | 5/15/2025 Suite 107, Syracuse, 1 | NY 13202 | other Support |
| Scope of Contract (Choose one that Analysis | on Resea Computer Programm ices Survey Mental He | ving Enviro ealth Services | Training IT consulting nmental Services 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 rep Preparer's Signature: | ort: Michelle Jevis | DI # 045 454 | |
| Title: President Date Prepared: 5/7/2024 | | Phone #: <u>315-471</u> - | 1000 |
| Date Prepared: <u>5/7/2024</u> | | | D 4 6 4 |
| Use additional pages if necessary) | | | Page 1 of 1 |

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: SU | NY Upstate Med | ical University | | |
|---|------------------------|---|--------------------------------------|--|
| Contract Number: T-506121 (Includes ACA#1) | | Agency Business Unit: SNY01 | | |
| Contract Term: 5/16/2022 to 5/15 | /2025 | Agency Department ID: 3320211 | | |
| Contractor Name: First Choice Staffii | | | | |
| Contractor Address: 7525 Morgan Re | oad, Liverpool, N | Y 13090 | | |
| Description of Services Being Providence | ed: Temporary (| Clerical. Administrativ | e and Other Support | |
| Personnel Services Contract | • | , | Tank Carlot Capport | |
| | | | | |
| Scope of Contract (Choose one that b | • | | | |
| _ | search 🔲 Trai | ning | | |
| Data Processing Computer Pr | | Other IT consulting | | |
| Engineering Architect Services | S Surveying | ☐ Environmental | Services | |
| Health Services | Services | | | |
| Accounting Auditing Pa | ralegal 🗌 Leg | al 🛛 Other Consul | ting | |
| 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 \$1,686,02 | | | | |
| | | -10,101 | Ψ1,000,020,46 | |

Name of person who prepared this report: Karen Nabinger

Title: Supervisor

Phone #: 315-453-5533

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 (SIII) | NINT Clarity N. A. J I. Y. | 3 | G 1 00110 | | |
|--|---|----------------------------|----------------------|--|--|
| Contracting State Agency Name: SUI | NY Upstate Medical (| Jniversity Agency | Code: <u>28110</u> | | |
| Contract Number: T-506122 | *************************************** | | | | |
| Contract Term: <u>2023</u> to <u>2024</u> | | | | | |
| Contractor Name: Royal Temporaries | s, Inc. DBA Stafkings | Personnel Systems | | | |
| Contractor Address: 120 E Washingto | on St Suite 901 Syraci | ise, NY 13202 | | | |
| Description of Services Being Provide | ed Provide temporary | / clerical, administrative | e, and other support | | |
| personnel positions/staffing. | | | | | |
| | | | -15-1 | | |
| | | | | | |
| | | | | | |
| Scope of Contract (Choose one that | | | | | |
| Analysis Evaluati | on 🗌 Resea | ırch 🔲 | Training | | |
| Data Processing | Computer Programm | | IT consulting | | |
| Engineering Architect Serv | rices Survey | | nmental Services | | |
| Health Services | Mental He | ealth Services | <u> </u> | | |
| Accounting Auditing | Paralegal 🗌 | Legal 🔲 | Other Consulting 🛛 | | |
| | | | | | |
| Employment Category | Number of | Number of Hours | Amount Payable | | |
| Dental Assistant | Employees | Worked | Under the Contract | | |
| | 1 | 1,094 | \$31,481.57 | | |
| Janitors and Cleaners | 11 | 5,562 | \$184,186.50 | | |
| Medical Secretaries and | | | ļ | | |
| 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 | | |
| 7857.0 | | | | | |
| | 7,17 | | | | |
| | | | | | |
| | 7000-2 | | | | |
| | | | | | |
| | | | | | |
| Total this page | 86 | 52,531 | \$1,697,189.82 | | |
| Grand Total | 86 | 52,531 | \$1,697,189.82 | | |
| Name of parson who proposed this you | · KalldMathania | | | | |

| Name of person who prepared t | this report: Kelly | McDonough | |
|-------------------------------|--------------------|-----------|------------------------------|
| Preparer's Signature: Kolow | M.D. | | |
| Title: Senior Accountant | ¥ | | Phone #: <u>607-772-8080</u> |
| Date Prepared: 04/25/2024 | | | |

FORM B

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contracting State Agency Name: SU Contract Number: T-506207 Contract Term: 07/01/2022 to Contractor Name: Neurology Medica Contractor Address: 750 East Adams Description of Services Being Provide | 06/30/2027 I Service Group LLP Street, Syracuse, NY | 13210 | y Code: 28110 |
|--|--|---------------------------|--|
| Scope of Contract (Choose one that Analysis | on Rese Computer Programn ices Surve Mental H Paralegal | eying | Training IT consulting nmental Services 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 Grand Total | | 104 | \$8,379.00 |
| Name of person who prepared this rep | ort: Ashley Vinci | 104 | \$8,379.00 |
| 11.0 | William To the State of the Sta | | |
| Preparer's Signature: | LU LIN | | |

Use additional pages if necessary)

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

| Report Per | riod: April 1, 2023 to | March 31, 2024 | |
|---|--|---|--|
| Contracting State Agency Name: SUN Contract Number: T-506367 Contract Term: 2/1/2023 to Contractor Name: CR Fletcher Temps Contractor Address: 126 N Salina St, Description of Services Being Provide | 7/31/2023 s Suite 107, Syracuse, N | NY 13202 | Code: 28110 |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmices Survey Mental He | ing Other Other ing Envirorealth Services | Training IT consulting Imental Services Other Consulting |
| Employment Category 13-1071.00 HR Specialist 13-2011.01 Accountant | Number of Employees 1 | Number of Hours Worked 50 30 | Amount Payable Under the Contract \$1,625.00 \$900.00 |
| | | | |
| | | | |
| Total this page Grand Total | | , | \$2,525.00 |
| Name of person who prepared this rep Preparer's Signature: MULL Title: President | ort: Michelle Jevis | Phone #- 315_471 | |
| Date Prepared: <u>5/7/2024</u> Use additional pages if necessary) | | Phone #: <u>315-471-</u> | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Contra | ctor's Annual Emplo | yment Report | |
|---|--|---|--|
| Report Per | riod: April 1, to | March 31, | |
| Contracting State Agency Name: SUN Contract Number: Contract Term:to Contractor Name: Contractor Address: Description of Services Being Provide | | | Code: 28110 |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programmi ices Survey Mental He Paralegal | ing Other : ring Enviror alth Services Legal | Training IT consulting Imental Services 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 rep Preparer's Signature: Title: Date Prepared: | 0 | Phone #: | |
| Use additional pages if necessary) | | | Page of |

Area:

Mail/Send Date:

OSC Use Only: 13-Reporting Code: Category Code:

| Report Per | iod: April 1, 2023 t | o March 31, 2024 | |
|--|---|--|---|
| Contracting State Agency Name: SUN Contract Number: T-506387 Contract Term: 5/22/23 to 9/23 Contractor Name: CR Fletcher Associ Contractor Address: 126 North Salina Description of Services Being Provide | ates, Inc. Street Suite 107 Syr | acuse, NY 13202 | / Code: 28110 |
| Scope of Contract (Choose one that | hest fits): | | |
| Analysis Evaluation | on Researce Computer Programm ices Surve Mental H Paralegal | ning Other ying Environ ealth Services | Training IT consulting Immental Services 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 repo | | d | - |
| Title: President | | Phone #: 315-471- | 1000 |
| Date Prepared: 4/22/2024 | | | |
| Use additional pages if necessary) | | | Page of |

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 be | est fits): | | |
|---|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Res | search 🔲 Tra | ining | |
| ☐ Data Processing ☐ Computer Pro | ogramming [| Other IT consulting | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🗌 Leg | gal 🛛 Other Consul | ting |
| 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 |
| | 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 Counse and Corporate Secretary Phone #: 800.232.8032

Preparer's Signature:

Date Prepared: 5 /15/2024

(Use additional pages, if necessary)

Page

of

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 be | est fits): | | |
|---|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Res | search 🔲 Tra | ining | |
| ☐ Data Processing ☐ Computer Pro | ogramming [| Other IT consulting | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | gal 🔲 Other Consul | ting |
| 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 |
| | 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 | J. And | derson |
|---------|--------|-----|----------|------|---------|---------|--------|--------|
| | | | | | | | | |

Title: General Counsel and Corporate Secretary Phone #: 800.232.8032

Date Prepared: 5 /15/2024

Preparer's Signature:

(Use additional pages, if necessary)

Page

of

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 b | est fits): | | |
|--|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Res | search 🔲 Tra | ining | |
| ☐ Data Processing ☐ Computer Pro | ogramming 🔲 | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | gal 🔲 Other Consul | ting |
| 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 (Datea 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 operaete our business in this manner where hours are specifically allocaed 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 |
| | 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. Andersor | Name | of person | who prepare | d 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

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 be | est fits): | | |
|--|------------------------|---------------------------|--------------------------------------|
| ☐ Analysis ☐ Evaluation ☐ Res | search 🔲 Tra | ining | |
| ☐ Data Processing ☐ Computer Pro | ogramming 🗌 | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | Surveying | ☐ Environmental | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| ☐ Accounting ☐ Auditing ☐ Pa | ralegal 🔲 Leg | gal 🛛 Other Consul | ting |
| 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 |
| | 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

Preparer's Signature:

Date Prepared: 5 / 15 / 2024

Phone #: 800.232.8032

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: SU | NY Upstate Medical | University | Agency Code: 28110 |
|--|--------------------------|---------------------|--------------------|
| Contracting State Agency Name . | TY Operate | | |
| Contract Number: T-506854 | 1/2025 | | |
| Contract Term: <u>01/15/2024</u> to <u>01/1</u> | 4/2025 | | |
| Contractor Name: Soliant Contractor Address: 5550 Peachtree Park | way Suite 500. Peachtree | Corners, GA 30092 | |
| | | CII : 1 Ct CC | |
| Description of Services Being Provide | ed <u>Temporary</u> | y Clinical Staffing | |
| | | | |
| Scope of Contract (Choose one that | best fits): | | |
| Analysis Evaluati | ion Kes | earch | Training _ |
| Data Processing | Computer Program | | IT consulting |
| Engineering Architect Serv | | | nmental Services |
| Health Services X | | Health Services | Other Consulting |
| Accounting Auditing | Paralegal [| Legal | Other Consulting |
| | Number of | Number of Hours | Amount Payable |
| Employment Category | Employees | Worked | Under the Contrac |
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| Total this page | | | |
| Total this page Grand Total | | | |

Title: Senior Account Executive Phone #: 678-710-7593

Date Prepared: 05/21/2024 (Use additional pages if necessary)

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 | | | | |
|--|------------------|--|--|--|
| ľ · | | Agency Business Ur | | |
| Contract Term: 1/14/2020 to 1/30/ | | Agency Department | ID: N/A | |
| Contractor Name: HOLT Architects, I | PC | **** | ×24 × 55, 10 | |
| Contractor Address: 619 W State Str | eet Ithaca NY 1 | 4850 | Starte 19 | |
| Description of Services Being Provide | ed: Hyperbaric l | Expansion | Section 1 and 1 and 2 and 3 an | |
| A CONTRACTOR OF THE CONTRACTOR | | A CONTRACTOR OF THE STATE OF TH | | |
| | | | A second with the second of th | |
| Scope of Contract (Choose one that b ☐ Analysis ☐ Evaluation ☐ Re | • | ining | South and the second of the se | |
| <u> </u> | | | الله المنظمية المالية المالية المالية المالية المالي | |
| 1 , | • • | Other IT consulting | | |
| ☐ Engineering ☐ Architect Services | _ , , | ☐ Environmental | Services | |
| Health Services Mental Health | | | | |
| Accounting Auditing Pa | ralegal Leg | gal | ting | |
| | Number of | Number of | Amount Payable | |
| Employment Category | Employees | Hours Worked | Under the Contract | |
| 11-1011.00 | 1.00 | 14.50 | \$3,617.37 | |
| 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

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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: T550294 | | | | |
| Contract Term: <u>01/15/2021</u> to | 06/24/2024 | | | |
| Contractor Name: Dwyer Architectur | | | | |
| Contractor Address: 120 E. Washing | ton St. Suita 222 Syra | ougo NIV 12202 | | |
| Description of Services Being Provide | ed 151067/1112 2 11 | LILLID Code December | (10.101) | |
| 2 description of Services Being 1 lovid | ca <u>13100//1112.2 U</u> | Un ik Suite Renovation | ns (19-101) | |
| | <u> </u> | | · | |
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| Scope of Contract (Choose one that | hest fits). | | | |
| Analysis Evaluati | | rch 🗀 | Tuoinin a 🖂 | |
| Data Processing | Computer Programm | . = | Training [| |
| Engineering Architect Serv | | <u> </u> | IT consulting [| |
| Health Services | | | nmental Services | |
| Accounting Auditing | | ealth Services | | |
| Auditing | Paralegal | Legal _ | Other Consulting 🗌 | |
| | Number of | N. 1 CYY | | |
| Employment Category | | Number of Hours | Amount Payable | |
| 17-1011.00 Architects, Except | Employees | Worked | Under the Contract | |
| Landscape and Naval (Partner) | 1 | 161 | ## 1 P# 0 00 | |
| 17-1011.00 Architects, Except | | 151 | \$21,879.90 | |
| Landscape and Naval (PM) | 1 | 5 | \$594.10 | |
| 17-1011.00 Architects, Except | | | \$394.10 | |
| Landscape and Naval (PA) | 1 | 75.50 | \$7,657.97 | |
| 17-3011.01 Architectural Drafters | | | Ψ1,037.57 | |
| (Senior Designer) | 1 | 6 | \$452.10 | |
| 43-6014.00 Secretaries & Admin | | | | |
| Assistants, Except Lega, Medical | | | | |
| and Executive (Dwyer) | 1 | 226.50 | \$17,066.78 | |
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| Total this page | 5 | 464 | \$47,650.85 | |
| Grand Total | | | | |
| N | | | | |
| Name of person who prepared this repo | ort: Kristen Zdrojews | ki | | |
| Preparer's Signature: | \checkmark | | | |
| | | | • | |
| Title: Operations Manager Phone #: 315.473.1800 | | | | |
| Date Prepared: <u>04/15/2024</u> | | | | |
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| Report Period: April 1, 2023 to March 31, 2024 | | | |
|---|--|----------------------------|--|
| Contracting State Agency Name: SUI Contract Number: T550294 Contract Term: 01/15/2021 to Contractor Name: Trophy Point, LLC Contractor Address: 4588 South Park Description of Services Being Provide | 06/24/2024 C Avenue, Blasdell NY | 14219 | y Code: <u>28110</u> ns (19-101) |
| Scope of Contract (Choose one that Analysis | on | ving Environealth Services | Training IT consulting nmental Services Other Consulting |
| Employment Category No Hours to Report | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
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| Total this page Grand Total | | | · |
| Name of person who prepared this reperent of Preparer's Signature: | ort: <u>Peter Trzybinsk</u> | j | |
| Title: <u>Director of Finance</u> | | Phone #: 716-823-0 | 0006 |
| Date Prepared: 4/15/2024 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 Chata to NY Town | | | |
|---|----------------------|---------------------------|--------------------|
| Contract Number 7550004 | NY Upstate Medical I | <u>Jniversity</u> Agency | y Code: 28110 |
| Contract Number: T550294 | 0.6/0.4/0.00.4 | | * |
| Contract Term: 01/15/2021 to Contractor Name: | 06/24/2024 | • | |
| Contractor Name: | | | |
| | J 1510/7/1110 0 111 | TIT IN A L. W | |
| Description of Services Being Provide | a 15106//1112.2 Ut | JH IK Suite Renovation | ns (19-101) |
| | | | |
| <u> </u> | • | | |
| | | | |
| Scope of Contract (Choose one that | best fits): | | |
| Analysis Evaluati | | rch 🗀 | Training [|
| Data Processing | Computer Programm | = | IT consulting [|
| Engineering Architect Serv | | | nmental Services |
| Health Services | Mental He | alth Services | |
| Accounting Auditing | Paralegal 🗌 | Legal 🔲 | Other Consulting |
| | | | |
| Employment Category | Number of | Number of Hours | Amount Payable |
| _ • | Employees | Worked | Under the Contract |
| Civil Engineer Tech | 1 | 47 | 4734.78 |
| Civil Engineer | 1 | 2 | 358.80 |
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| Total this page | | | |
| Grand Total | 2. | 49 | 5000.50 |
| Orano Total | 4 | 49 | 5093.58 |
| Name of person who prepared this rep | ort: JoAnna Sheridan | | • |
| | | | |
| Preparer's Signature: MANO | | | - |
| Title: compliance officer | | Phone #: <u>585-764-3</u> | 070 |
| Date Prepared: <u>04/16/2024</u> | | | |
| 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

| Report 1 | 110u: April 1, 2023 (| 0 March 31, 2024 | |
|--|-----------------------|-------------------------|--------------------|
| | | | |
| Contracting State Agency Name: <u>SU</u> | NY Upstate Medical I | <u>University</u> Agenc | y Code: 28110 |
| Contract Number: T550294 | | | |
| Contract Term: <u>01/15/2021</u> to | <u>06/24/2024</u> | , | |
| Contractor Name: IBC Engineering, | P.C | | |
| Contractor Address: 3445 Winton Pla | ace Suite 219 | | |
| Description of Services Being Provide | ed 151067/1112.2 UI | UH IR Suite Renovation | ns (19-101) |
| | | | |
| | | | |
| | | | |
| Scope of Contract (Choose one that | h 4 C4-) | | |
| Analysis Evaluati | | 1 [| |
| Data Processing | | irch 🗌 | Training |
| Engineering Architect Serv | Computer Programm | <u> </u> | IT consulting |
| Health Services | | ying Environ | nmental Services |
| | Paralagal [| ealth Services | a |
| Accounting Auditing | Paralegal | Legal 🗌 | Other Consulting |
| | Number of | Number of Hours | |
| Employment Category | Employees | Worked | Amount Payable |
| Mechanical Engineer | 2 | | Under the Contract |
| Electrical Engineer | 1 | 680 | \$88,400.00 |
| General Operations Manager | 1 | 310 | \$41,524.00 |
| Chief Executive | 1 | 160 70 | \$20,800.00 |
| Mechanical Drafter | 2 | 190 | \$12,600.00 |
| Electrical Drafter | 1 | | \$17,100.00 |
| Ziodilodi Diditoi | | 120 | \$10,800.00 |
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| Grand Total | 8 | 1,530 | \$191,224.00 |
| Name of person who prepared this repo | ort. Andrew I large | | |
| | OLL MIGHEW J. Jaios | <u> </u> | |
| Preparer's Signature: | | | _ |
| Title: <u>Associate</u> Phone #: <u>585-233-6834</u> | | | |
| | | | |
| Date Prepared: <u>04/25/2024</u> | | | |
| Use additional pages if necessary) | | | Page of |

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| Reporting Code: | |
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| Report P | 'eriod: April 1, 2023 | to March 31, 2024 | |
|---|-------------------------------|---|---|
| Contracting State Agency Name: SUContract Number: T550301 Contract Term: 12/18/2020 to Contractor Name: Dwyer Architectus Contractor Address: 120 E Washing Description of Services Being Provide | 03/31/2024 ral, LLC | ovec NW 12000 | y Code: <u>28110</u> |
| S | | | |
| Scope of Contract (Choose one that Analysis | ion | ying Environmenth Environmenth Services | Training IT consulting nmental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable |
| 17-1011.00 Architects, Except Landscape and Naval (Partner) 17-3011.01 Architectural Drafters | 1 | 25.50 | Under the Contract \$3,694.95 |
| (Senior Designer) 17-3011.01 Architectural Drafters | 2 | 195 | \$14,303.25 |
| (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 | \$22,127,66 |
| Grand Total | | 307 | \$23,127.66 |
| Name of person who prepared this repo | ort: <u>Kristen Zdrojewsl</u> | Κİ | · |
| Title: Operations Manager |) | Phone #: 315.473.18 | 00 |
| Date Prepared: <u>04/15/2024</u> | | | |
| Use additional pages if necessary) | | • | Page 1 of 1 |

| OSC Use Only: | |
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| Reporting Code: | • |
| Category Code: | |

| Contract Number: T550301 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 |
|--|
| 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 |
| 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 |
| 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 |
| Scope of Contract (Choose one that best fits): Analysis |
| Scope of Contract (Choose one that best fits): Analysis |
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| Analysis |
| Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting Employees Number of Number of Hours Amount Payable Employees Worked Link of Consulting Mental Health Services Amount Payable |
| Engineering Architect Services Surveying Environmental Services Health Services Accounting Auditing Paralegal Legal Other Consulting Employment Category Number of Number of Hours Amount Payable Employees Worked Under the Consulting Employees |
| Health Services Accounting Auditing Number of Number of Hours Employees Number of Hours Amount Payable Employees Worked Lind of Hours Amount Payable |
| Accounting Auditing Paralegal Legal Other Consulting Employment Category Number of Number of Hours Amount Payable Employees Worked Under the Consulting Employees |
| Employment Category Number of Number of Hours Amount Payable Employees Worked Linda (L. C.) |
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| Total this page |
| Grand Total |
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| Name of person who prepared this report: Peter Trzybinski |
| reparer's Signature: |
| Citle: Director of Finance |
| - to |
| Date Prepared: <u>4/15/2024</u> |
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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: 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 Auditing Accounting Auditing Paralegal Legal Other Consulting

Note: Use the Tabikey to navigate through the table portion of the formito ensure that the formulas calculate correctly.

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

| Name of pers | on who prepared this report: | Linda Butcher | | |
|------------------|------------------------------|---------------|-----------------|--|
| | D. a. | | | |
| Preparer's Sig | nature: Buch Butch | ev | · · | |
| Title: Sr. F | Project Accountant | Phone #: | (716) 206-5128 | |
| | 4/15/2024 | _ | (* 10) 200 0120 | |
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Page 1 of 1

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State Consultant Services Contractor's Annual Employment Report Report Period: April 1 2023 to Ma

| | criou. April 1, 2025 | to March 31, 2024 | |
|---|-----------------------------|-------------------------|--------------------|
| Contracting State Agency Name: SU Contract Number: T550301 Contract Term: 12/18/2020 to | | University Agend | cy Code: 28110 |
| Contractor Name: IDC English | <u>03/31/2024</u> | | |
| Contractor Name: IBC Enginnering, | P.C | · | |
| Contractor Address: 3445 Winton Pl | ace Suite 219 Rochest | ter, NY 14623 | |
| Description of Services Being Provid | led 1247 UCH 3 E H | emodialysis Unit (20-0) | 32) |
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| Scope of Contract (Choose one that | hoot Ct. | | |
| Analysis Evaluat | . — | , 🗀 | |
| Data Processing | | arch 🔲 | Training 🔲 |
| Engineering Architect Serv | Computer Programm | | IT consulting |
| Health Services | | ying Enviro | nmental Services |
| l | | ealth Services | |
| Accounting Auditing | Paralegal | Legal 🗌 | Other Consulting |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contract |
| Mechanical Engineer | 2 | 220 | \$28,600.00 |
| Electrical Engineer | 1 | 130 | \$16,900.00 |
| General Operations Manager | 1 | 80 | \$10,400.00 |
| Chief Executive | 1 | 85 | \$3,854.00 |
| Mechanical Drafter | 2 | 110 | \$9,700.00 |
| Electrical Drafter | 1 | 85 | \$7,650.00 |
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| Total this page | | | |
| Grand Total | 8 | 646 | \$77,104.00 |
| | | | Ψττ, 104.00 |
| Name of person who prepared this repo | ort: <u>Andrew J. Jaros</u> | Z | |
| Preparer's Signature: | | | |
| Title: Associate | | Dt // FOF OCC 5 | - |
| 1 Holle #. <u>000-233-0034</u> | | | |
| Date Prepared: <u>04/25/2024</u> | | | |
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| Category Code: | |

| 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: Dwyer Architectural, LLC Contractor Address: 120 E. Washington Street, Suite 822 Syracuse, NY 13202 Description of Services Being Provided 1486 CH Surgical Equipment Upgrades (23-036) | | | |
| | | | |
| Scope of Contract (Choose one that best fits): Analysis | | | |
| 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: <u>04/15/2024</u> | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

| OSC Use Only: | |
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| Reporting Code: | |
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| Report Period: April 1, 2023 to March 31, 2024 | | | |
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| | | | Codo: 20110 |
| Contracting State Agency Name: SUN | | Iniversity Agency | Code: <u>28110</u> |
| Contract Tormy, 00/08/2022 | | | |
| Contract Term: <u>09/08/2023</u> to Contractor Name: Trophy Point, LLC | | | |
| Contractor Address: 4588 South Park | Avenue Blacdell NV | 1/210 | |
| Description of Services Being Provide | | | 23-036) |
| Bescription of Services Being Frovide | a 1700 CII Suigioui | Equipment Opgrades (| 23 030) |
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| Scope of Contract (Choose one that | | . \Box | |
| Analysis Evaluation | | | Training |
| | Computer Programm | ing U Other | IT consulting |
| Engineering Architect Serv | | · • — | nmental Services |
| Health Services Accounting Auditing | | ealth Services | Othor Consulting 🔽 |
| Accounting Auditing Auditing | Paralegal | Legal [| Other Consulting 🛛 |
| Employment Cotogogy | Number of | Number of Hours | Amount Payable |
| Employment Category | Employees | Worked | Under the Contract |
| 13-1051.00 | 6 . | 35 | \$5,591.48 |
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| Total this page | 6 | 35 | 5591.48 |
| Grand Total | | | |
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| Name of person who prepared this rep | ort: Peter Trzybinsk | (i | |
| Preparer's Signature: | | | |
| Title: Director of Finance Phone #: 716-823-0006 | | | |
| Date Prepared: 4/15/2024 | | | |
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| Contractor's Annual Employment Report | | | | |
| riod: 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 ☐ | | | | |
| Number of Employees | Number of Hours Worked | Amount Payable Under the Contract | | |
| 1 | 19 | \$2,823.02 | | |
| | | | | |
| 1 | 19 | \$2,823.02 | | |
| Name of person who prepared this report: Andrea H. Galster Preparer's Signature: Accounting Phone #: 315-472-5238 Date Prepared: 4/17/2024 Use additional pages if necessary) Page of | | | | |
| | best fits): Number of Employees 1 Number of Employees 1 Andrea H. Galster Andrea H. Galster NY Upstate Medical Upstate | NY Upstate Medical University Agency O2/09/2024 Inneering, LLP Street, Rm Syracuse NY 13202 d 1486 CH Surgical Equipment Upgrades (2) best fits): O Research Other Indeed Computer Programming Other Indeed Co | | |

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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: T-550308 (AOA #4) Contract Term: 09/08/2023 02/09/2024 Contractor Name: IBC Engineering, P.C. Contractor Address: 3445 Winton Place Suite 219 Rochester, NY 14623 Description of Services Being Provided 1486 CH Surgical Equipment Upgrades (23-036) Scope of Contract (Choose one that best fits): Training [Evaluation Research Analysis Other IT consulting Data Processing Computer Programming Environmental Services Architect Services Surveying [Engineering Mental Health Services Health Services Other Consulting Auditing [Paralegal Legal [Accounting Number of Number of Hours Amount Payable **Employment Category** Under the Contract **Employees** Worked Mechanical Engineer 2 82 \$11,890.00 \$9,048.00 **Electrical Engineer** 1 62 \$1,200.00 1 8 General Operations Manager \$210.00 **Chief Executive** 1 1 \$480.00 2 6 Mechanical Drafter 1 4 \$320.00 **Electrical Drafter** Total this page \$23,148.00 **Grand Total** 8 Name of person who prepared this report: Andrew J. Jarosz Preparer's Signature: Phone #: 585-233-6834 Title: Associate Date Prepared: 04/25/2024

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Reporting Code: Category Code:

State Consultant Services Contractor's Annual Employment Report

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

| | | to March 31, 2024 | · |
|--|---|----------------------------|---|
| Contracting State Agency Name: State Contract Number: T-550308 (AOA # Contract Term: 02/10/2021 to Contractor Name: Dwyer Architectu Contractor Address: 120 E. Washing Description of Services Being Provid Davinci Robotics (23-037) | 2/09/2024 ral, LLC | NY 1000 | y Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | ion Resear Computer Programm vices Surve | ying | Training IT consulting Imental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable |
| 17-1011.00 Architects, Except Landscape and Naval (Partner) | 1 | 7 | Under the Contract \$983.71 |
| 17-1011.00 Architects, Except Landscape and Naval (PA) 17-3011.01 Architectural | 1 | 40.50 | \$4,159.35 |
| 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 Grand Total | 4 | 107 | \$9,484.78 |
| Name of person who prepared this repo | ort) <u>Kristen Zdrojews</u> | ski | |
| Title: Operations Manager |) | Phone #: <u>315.473.18</u> | 300 |
| Date Prepared: 04/15/2024 Use additional pages if necessary) | adder. | | |
| ose additional pages II necessary) | • | | Page of |

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| Reporting Code: | |
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| Report P | eriod: April 1, 2023 | to March 31, 2024 | |
|---|---|----------------------------|---|
| Contracting State Agency Name: SU Contract Number: T-550308 (AOA # Contract Term: 02/10/2021 to Contractor Name: Trophy Point, LLC Contractor Address: 4588 South Parl Description of Services Being Provid Davinci Robotics (23-037) | 02/09/2024 C K Avenue, Blasdell, N | Y 14219 | ey Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | ion Resear Computer Programm vices Surve Mental Ho | ying | Training [] IT consulting [] nmental Services [] Other Consulting [X] |
| Employment Category No Hours to Report | 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: Title: Director of Finance Date Prepared: 4/15/2024 | ort: <u>Peter Trzybinski</u> | Phone #: <u>716-823-</u> 0 | 006 |
| Date Prepared: 4/15/2024 Use additional pages if necessary) | | | Page of |

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| OSC Use Only: | |
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| Reporting Code: | |
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| Report Po | eriod: April 1, 2023 | to March 31, 2024 | |
|---|---|----------------------------|---|
| Contracting State Agency Name: SU Contract Number: T-550308 (AOA # Contract Term: 02/10/2021 to Contractor Name: Ravi Engineering 8 Contractor Address: 2110 South Clinton Description of Services Being Provid Davinci Robotics (23-037) | 5) 02/09/2024 Land Surveying, P.C. Avenue, Suite 1 Rochest ed 151194/1162 LIM | er, New York 14618 | y Code: <u>28110</u> |
| Scope of Contract (Choose one that | | | |
| Analysis | on Resear Computer Programm vices Surve Mental He Paralegal | ying | Training IT consulting nmental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours | Amount Payable |
| Envioronmental Tech | 2 | Worked 23 | Under the Contract |
| Environmental Engineer | 2 | 33.50 | 1400.40 3561.60 |
| | | 33.00 | 3301.00 |
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| Total this page | | | |
| Grand Total | 4 | 56.50 | 4962.00 |
| Name of person who prepared this repo | ort. IoAnna Sharidan | | |
| Preparer's Signature | Joanna Sheridan | | |
| Title: Compliance Officer | | Phone #: <u>585-764-30</u> | 170 |
| Date Prepared: 04/16 / 2024 | | <u> </u> | · · · · · · · · · · · · · · · · · · · |

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| | State Consultant S | | |
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| | actor's Annual Emp | | |
| Report P | eriod: April 1, 2023 | to March 31, 2024 | |
| Contracting State Agency Name: SI Contract Number: T-550308 (AOA & Contract Term: 02/10/2021 to Contractor Name: John P. Stopen Ex Contractor Address: 450 South Salin Description of Services Being Provided Davinci Robotics (23-037) | 02/09/2024 ngineering, LLP na Street, RM 400 Syraled 151194/1162 UM | acuse NY 13202 | ey Code: 28110 |
| Scope of Contract (Choose one that Analysis | ion Resea Computer Programm vices Surve Mental He | ying | Training IT consulting nmental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable |
| No Services Provided | - Ampioyeos | Worked | Under the Contract |
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| Name of person who prepared this repo | | • | |
| Preparer's Signature: Dubea H. 6 | alsh_ | | |
| Title: Accounting | | Phone #: <u>315-472-5</u> | - 238 |
| Date Prepared: <u>4/17/2024</u> | | <u></u> | |
| Use additional pages if necessary) | | | Page of |

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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 N | IN THE PERSON NAMED IN THE | | |
|---|--|---------------------------|---------------------------|
| Contracting State Agency Name: <u>SU</u> Contract Number: <u>T-550308 (AOA #</u> | UNY Upstate Medical | <u>University</u> Agend | cy Code: 28110 |
| Contract Term: <u>02/10/2021</u> to | 02/00/2024 | | |
| Contractor Name: IBC Engineering, | P C | | |
| Contractor Address: 3445 Winton Pl | ace Suite 219 Rochest | or NV 14622 | |
| Description of Services Being Provid | ed 151194/1162 HM | II SE CCC Donless OI |) 7 |
| Davinci Robotics (23-037) | | o 32 eee Replace Or | (<i>/</i> - |
| | | | |
| | | | |
| | | | |
| Scope of Contract (Choose one that | hest fits). | | |
| Analysis Evaluati | | rch | Tuoinin . |
| Data Processing | Computer Programm | . = | Training IT consulting |
| Engineering Architect Serv | | | nmental Services |
| Health Services | Mental He | ealth Services | initionital pervices [|
| Accounting Auditing | Paralegal 🗌 | | Other Consulting |
| | · | | |
| Employment Category | Number of | Number of Hours | Amount Payable |
| Mechanical Engineer | Employees | Worked | Under the Contract |
| Electrical Engineer | 2 | 360 | \$50,100.00 |
| General Operations Manager | 1 | 186 | \$28,300.00 |
| Chief Executive | 1 | 45 16 | \$7,200.00 |
| Mechanical Drafter | 2 | 120 | \$3,300.00 |
| Electrical Drafter | 1 | 90 | \$10,078.00 \$8,100.00 |
| | | | \$6,100.00 |
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| Total this page | | | |
| Grand Total | | | |
| | | | \$107,078.00 |
| Name of person who prepared this repo | ort: Andrew J. Jaros: | Z | |
| Preparer's Signature: | | | - |
| Title: Associate | | Phone #: <u>585-233-6</u> | 834 |
| Date Prepared: <u>04/25/2024</u> | | <u> </u> | |
| Use additional pages if necessary) | | | Page of |

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: Up | state Medical Un | The first section of the section of | in a second of the second of t | |
|--|---------------------|---|--|--|
| Contract Number: T550334 | | Agency Business U | | |
| Contract Term: 06/27/2022 to 4/30/2024 Agency Department ID: 28110 | | | | |
| Contractor Name: HOLT Architects, I | | 4050 | And the second s | |
| Contractor Address: 619 W State Str | | | | |
| Description of Services Being Provid | ed. Cardiac Cal | n Lab | And the second s | |
| | | | | |
| Scope of Contract (Choose one that b | est fits): | | | |
| Analysis Evaluation Re | search 🔲 Trai | ning | | |
| ☐ Data Processing ☐ Computer Pr | ogramming 🔲 | Other IT consulting | | |
| ☐ Engineering ☐ Architect Services | s Surveying | ☐ Environmental | Services | |
| ☐ Health Services ☐ Mental Health | Services | | | |
| Accounting Auditing Pa | ralegal | al | ting | |
| 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 | |
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| Total this Page | 8.00 | 111.50 | \$15,070.16 | |
| Grand Total | 8.00 | 111 | \$15,070.16 | |
| | <u> </u> | | <u> </u> | |
| Name of person who prepared this re Title: Business Manager | eport: Allison L. S | () / | 407 272 7600 Eut 155 | |
| Preparer's Signature: | $m + \sum_{i} k$ | Phone #: | 607-273-7600 Ext 155 | |

(Use additional pages, if necessary)

Date Prepared: 5//8/2024

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 Str | eet Ithaca NY 1 | 4850 | | | |
| Description of Services Being Provide | ed: Community | POB MRI | | | |
| The state of the s | | e de la companya del companya de la companya del companya de la co | e de la companya de La companya de la co | | |
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| Scope of Contract (Choose one that b | • | | | | |
| | search 🔲 Tra | | | | |
| ☐ Data Processing ☐ Computer Pro | • • | Other IT consulting | | | |
| | | Environmental | Services | | |
| Health Services Mental Health | | | ere en | | |
| Accounting Auditing Pa | ralegal | gal 🔲 Other Consul | ting | | |
| Employment Catanam | Number of | Number of | Amount Payable | | |
| Employment Category | Employees | Hours Worked | 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 D. Short

Title: Business Manager

 Phone #: 607-273-7600 Ext 155

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

| Contracting Otata Adams, Name alle | -4-4- NA1:1 1 to | | to strain at the market of the second |
|---------------------------------------|------------------|---------------------------------------|--|
| Contracting State Agency Name: Up | state Medical Ur | | iji in liba bayaan e |
| Contract Number: T550344 | | Agency Business Ur | |
| 1 | | Agency Department | ID: 28110 |
| Contractor Name: HOLT Architects, I | • | | \$47,500 % |
| Contractor Address: 619 W State Str | eet Ithaca NY 1 | 4850 | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| Description of Services Being Provide | ed: 6W Endova | scular | |
| | | · · · · · · · · · · · · · · · · · · · | e e e e e e e e e e e e e e e e e e e |
| | | | |
| Scope of Contract (Choose one that b | · | tartar a | |
| Analysis Evaluation Re | | ining | |
| Data Processing Computer Pr | · . | - | |
| ☐ Engineering ☐ Architect Services | _ , , | Environmental | Services |
| Health Services Mental Health | | | |
| Accounting Auditing Pa | ralegal 🔲 Leg | gal Other Consul | ting |
| | Number of | Number of | Amount Payable |
| Employment Category | Employees | Hours Worked | 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

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| OSC Use Only: | | |
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| Reporting Code: | | |
| Category Code: | | |

| Report Per | riod: April 1, 2023 to | March 31, 2024 | |
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| Control Out A Name of the Control | NY 17 | T | G 1 00110 |
| Contracting State Agency Name: <u>SUI</u> Contract Number: T-550348 | NY Upstate Medical U | Iniversity Agency | Code: <u>28110</u> |
| Contract Term: 12/02/2022 to | | | |
| Contractor Name: Dwyer Architectur | al, LLC | | |
| Contractor Address: 120 E. Washingt | | cuse, NY 13202 | |
| Description of Services Being Provide | | | ent (22-051) |
| | | | |
| | | | |
| | | <u> </u> | |
| Scope of Contract (Choose one that | best fits): | | |
| Analysis (Evaluati | | rch 🗌 | Training |
| Data Processing | Computer Programm | | IT consulting |
| Engineering Architect Serv | rices 🛚 Survey | | nmental Services |
| Health Services | Mental He | ealth Services | _ |
| Accounting Auditing | Paralegal 🗌 | Legal 🔲 | Other Consulting |
| | _ | | |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contract |
| 17-1011.00 Architects, Except | 4 | 20 | Φ4 075 27 |
| Landscape and Naval (Partner) 17-1011.00 Architects, Except | 1 | 29 | \$4,075.37 |
| Landscape and Naval (PA) | 1 | 17 | \$1.745.00 |
| 17-3011.01 Architectural Drafters | 1 | 45.50 | \$1,745.90 \$3,320.14 |
| 43-06014.00 Secretaries & | I | 43.30 | \$3,320.14 |
| Admin Assistants, Except Legal, | | | |
| Medical and Executive) | 1 | 9 | \$656.73 |
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| Total this page | 4 | 100.50 | \$9,798.14 |
| Grand Total | | | |
| Name of person who prepared this rep | ort: Kristen Zdroiews | ski | |
| 1/2 An S |) | | |
| Preparer's Signature: | | | _ |
| Title: Operations Manager | | Phone #: 315.473.13 | 300 |
| Date Prepared: 04/15/2024 | <i>-</i> | | |
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| Contrac | ctor's Annual Emplo | yment Report | |
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| Report Per | riod: April 1, 2023 to | March 31, 2024 | |
| Contracting State Agency Name: SUN Contract Number: T-550348 Contract Term: 12/02/2022 to Contractor Name: Trophy Point, LLC Contractor Address: 4588 South Park Description of Services Being Provide | Avenue, Blasdell NY | 14219 | Code: <u>28110</u> ent (22-051) |
| Scope of Contract (Choose one that Analysis | on Resea Computer Programm ices Survey Mental He Paralegal | ing Other or Other o | Training IT consulting Imental Services Other Consulting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| No Hours to Report | Employees | Worked | Onder the Contract |
| Total this mass | | | |
| Total this page Grand Total | | | |
| Name of person who prepared this rep Preparer's Signature: Title: Director of Finance | ort: Peter Trzybinsk | ti Phone #: <u>716-823-</u> (| |
| Date Prepared: <u>4/15/2024</u> | | | |
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| Contrac | ctor's Annual Emplo | yment Report | |
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| Report Per | riod: April 1, 2023 to | March 31, 2024 | |
| Contracting State Agency Name: SUR Contract Number: T-550348 Contract Term: 12/02/2022 to Contractor Name: Ravi Engineering & Contractor Address: 2110 South Clint Description of Services Being Provide | & Land Surveying, P.C | CRochester, New York 1 | |
| Scope of Contract (Choose one that Analysis Evaluation Data Processing Architect Serv Health Services Accounting Auditing | on Resea Computer Programm ices Survey Mental He | ing Other Ving Enviror ealth Services | Training IT consulting Imental Services 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 rep | ort: JoAnna Sherida | an | |
| Preparer's Signature: Title: Compliance Officer | <u> </u> | Phone #: <u>585-764-</u> | 3070 |
| Date Prepared: 04/16/2024 | | 1 Hollo jr. <u>900-104-</u> | <u> </u> |
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State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024

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|---|---|-------------------------|----------------------|
| | | - · · · · · · · · | C 1 00110 |
| Contracting State Agency Name: SUI | NY Upstate Medical U | Iniversity Agency | Code: <u>28110</u> |
| Contract Number: T-550348 | | | |
| Contract Term: 12/02/2022 to | to a situal IIID | | |
| Contractor Name: John P. Stopen Eng Contractor Address: 450 South Salina | Street Pm 400 Syrac | NV 13202 | |
| Description of Services Being Provide | i Sileei, Kili 400 Sylat M = 151153/1151 HMI | LED X-Ray Replacem | ent (22-051) |
| Description of Services Being Frovide | d 151155/1151 ONE | 3 LD II Italy Itopiacom | ons (== vo 1) |
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| | 3 (64) | | |
| Scope of Contract (Choose one that Analysis Evaluati | | rch 🗍 | Training [|
| Analysis ☐ Evaluati Data Processing ☐ | Computer Programm | | IT consulting |
| Engineering Architect Serv | | | nmental Services |
| Health Services | Mental He | ealth Services | |
| Accounting Auditing | · — · | | Other Consulting |
| <u> </u> | | | |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contract |
| 17-3019 | 1 | 2 | \$111.44 \$373.64 |
| 11-1011 | 1 | <u> </u> | \$373.04 |
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| Total this page | | | |
| Grand Total | 2 | 3 | \$485.08 |
| Grand Total | 1 4 | | |
| Name of person who prepared this rep | ort: Andrea H. Galste | e <u>r</u> | |
| Preparer's Signature: thomas H. | Galste | | |
| Title: Accounting | | Phone #: 315-472- | 5238 |
| | | Thomas. | |
| Date Prepared: <u>4//17/2024</u> | | | |

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| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| Report Per | riod: April 1, 2023 to | March 31, 2024 | |
|---|--|---------------------------|--|
| Contracting State Agency Name: SUR Contract Number: T-550348 Contract Term: 12/02/2022 to Contractor Name: IBC Engineering, I Contractor Address: 3445 Winton Pla Description of Services Being Provide | 11/10/2024 P.C ace Suite 219 Rocheste | er, NY 14623 | ent (22-051) |
| Scope of Contract (Choose one that Analysis | on Resea Computer Programm ices Survey Mental He Paralegal | ving | Training IT consulting Immental Services Other Consulting |
| 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 |
| Title: Associate | ort: Andrew J. Jaro | | 6834 |
| Date Prepared: <u>04/25/2024</u> Use additional pages if necessary) | | | Page of |

New York State Consultant Services Contractor's Annual Employment Report

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

| Contract Number: 1393 Contract Term: 10/24/2023 to / Contractor Name: HOLT Architects F | | Agency Business Ur Agency Department | |
|---|------------------------------|---|--------------------------------------|
| Contractor Address: 619 W State Str | | | |
| Description of Services Being Provid | ed: Relaxation R | loom/Recharge Roor | m - Design |
| Connact Continue (Channe and that h | and files | | |
| Scope of Contract (Choose one that b ☐ Analysis ☐ Evaluation ☐ Re | est fits): search 🔲 Traii | nina | |
| ☐ Data Processing ☐ Computer Pr | _ | Other IT consulting | |
| ☐ Engineering ☐ Architect Services | | - | Services |
| ☐ Health Services ☐ Mental Health | Services | | |
| Accounting Auditing Pa | ralegal | al | ting |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 17-3011.00 | 2.00 | 35.00 | \$3,182.31 |
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| Total this Page Grand Total | 2.00 | 35.00 35 | \$3,182.31 \$3,182.31 |

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Date Prepared: 4/18/2024

☐ Engineering

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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 5 | State of New York |
|---|------------------------|
| Contract Number: 24278 | Assault Business Units |
| 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 Sta Grant ("HECap") Purchase and Installation of Equipme Project ID: 24278 | |
| | |
| Scope of Contract (Choose one that best fits): | |
| ☐ Analysis ☐ Evaluation ☐ Research ☐ Train | ning |
| ☐ Data Processing ☐ Computer Programming ☐ C | Other IT consulting |

☐ Surveying

☐ Environmental Services

| ☐ Health Services ☐ Mental He | alth Services | | |
|--|------------------------|---------------------------|-----------------------------------|
| ☐ Accounting ☐ Auditing ☐ | Paralegal Leg | al | ting |
| 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 | \$1,020.0 |
| · | 0.00 | 0.00 | \$0.0 |
| | 0.00 | 0.00 | \$0.0 |
| | 0.00 | 0.00 | \$0.0 |
| | 0.00 | 0.00 | \$0.0 |
| | 0.00 | 0.00 | \$0.0 |
| | 0.00 | 0.00 | \$0.0 |
| | 0.00 | 0.00 | \$0.0 |
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| | 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 pr | epared this report: | Clayton A. Dow, CPA | |
|-----------------------|---------------------|---------------------|-----------------------|
| Title: Grants Manager | Oled a | / | Phone #: 315-781-3137 |
| Preparer's Signature: | (Rep 1 | 1- | |

Date Prepared: 05/15/2024

New York State Consultant Services Contractor's Annual Employment Report

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

| Contracting State Agency Name: SU | NY Upstate Med | ical University | |
|--|------------------------|-----------------------------|-----------------------------------|
| Contract Number: 500187 | | Agency Business Ur | nit: N/A |
| Contract Term: 12/22/2023 to / | / | Agency Department | ID: N/A |
| Contractor Name: HOLT Architects P | C | | |
| Contractor Address: 619 W State Str | eet, Ithaca NY 1 | 4850 | |
| Description of Services Being Provide | ed: SUNY Admi | n Daycare FS | |
| ······································ | | | |
| Soons of Combrest (Observed and that he | | | |
| Scope of Contract (Choose one that b Analysis Evaluation Res | · <u> </u> | ning | N |
| | · — | ning Other IT consulting | • • • • |
| ☐ Data Processing ☐ Computer Pro☐ Engineering ☐ Architect Services | | Other IT consulting. | Camilaaa |
| Health Services Mental Health | | Environmental | Services |
| | | ol Dothar Caravil | |
| AccodingAdditingPa | ralegal 🔲 Leg | al Other Consul | ung , , , |
| 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 |
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| Total this Page | 3.00 | 132.50 | \$17,132.50 |
| Grand Total | 3.00 | 132 | \$17,132.50 |
| | | | |

Title: Business Manager
Preparer's Signature:

Date Prepared: 4/18/2024

Phone #: 607-273-7600 Ext 155

(Use additional pages, if necessary)

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| Contra | actor's Annual Emplo | yment Report | |
|---|---|--|--|
| Report Po | eriod: April 1, 2023 to | March 31, 2024 | |
| Contracting State Agency Name: SUContract Number: 504626 Contract Term: 12/1/2018 to Contractor Name: Pediatric Service Contractor Address: 750 East Adam Description of Services Being Provide | 11/30/2023 Group, LLP s Street, Syracuse, NY | 13210 | Code: 28110 |
| Scope of Contract (Choose one that Analysis | tion Research Computer Programm rvices Surve Mental H | ning Other ying Environ ealth Services | Training IT consulting Immental Services Other Consulting Amount Payable |
| Employment Category | Number of Employees | Number of Hours Worked | Under the Contract |
| 29-1221.00 | | 416 | \$41,946.00 |
| Total this page | 1 | 416 | \$41,946.00 |
| Name of person who prepared this preparer's Signature: | port: Farrah McMar | 416 | \$,0.04;(\$,1.94) |
| Title: Practice Administrator | | Phone #: 315-464- | -5450 |
| Date Prepared: <u>5/15/2024</u> | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
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| Category Code: | |

| Report Pe | eriod: April 1, 2023 to | o March 31, 2024 | |
|--|--|--|--|
| Contracting State Agency Name: SU Contract Number: 504806 Contract Term: 11/1/2018 to Contractor Name: Pediatric Service Contractor Address: 750 East Adams Description of Services Being Provid Medical Records Committee | | 13210 | Code: 28110 d Chairperson |
| Scope of Contract (Choose one that Analysis | tion Research Computer Programm vices Surve Mental H Paralegal | ning Other ying Enviror ealth Services Legal | Training IT consulting amental Services 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 re Preparer's Signature: Title: Practice Administrator | port: Farrah McMa/ | Phone #: 315-464- | _ |
| Date Prepared: 5/15/2024 | | | |
| Use additional names if necessary) | | | Page 1 of 1 |

| 2024 14:35 315-464-7564 | SUNY | PEDIATRICS | PAGE |
|---------------------------------------|------------------------|------------------------|-----------------------|
| Exhibit Y | | | |
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| FORM B | | Reporti | ng Code; |
| | | Categor | y Code: |
| | State Consultant Se | | |
| Contra | ctor's Annual Emplo | yment Report | |
| Report Per | riod: April 1, 2023 to | March 31, 2024 | |
| Contracting State Agency Name: SUR | NY Upstate Medical I | Iniversity Acana | v. C. d 20110 |
| Contract Number: 3048/5 | | <u>omversity</u> Agend | y Code: <u>28110</u> |
| Contract Term: 7/1/2019 to | 6/30/2024 | | |
| Contractor Name: Pediatric Service G | roup, LLP | | |
| Contractor Address: 750 East Adams | Street Syracuse NV | 13210 | |
| Description of Services Being Provide | d Medical Direction | of Neurodevelopment | al Pediatrics Program |
| | | | |
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| | <u> </u> | <u> </u> | |
| Scope of Contract (Choose one that I | host fital. | | |
| Analysis Evaluation | on Resear | | _ |
| | Computer Programmi | | Training [|
| Engineering Architect Servi | ces Survey | | IT consulting [|
| Health Services | | alth Services | nmental Services |
| Accounting Auditing | Paralegal | | Odka C |
| | i atalegal [| regai [_] | Other Consulting [|
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contract |
| 19-3039.00 | 1 | 312 | \$55,542.00 |
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| Total this page | 1 | 312 | \$55,542.00 |
| | | ··· ·· ·· ·· ·· | |
| Grand Total | | 312 | \$55,542.00 |
| Name of person who prepared this re Preparer's Signature: | port: Farrah McMah | on | |

Date Prepared: 5/14/2024

Use additional pages if necessary)

Title: Practice Administrator

Phone #: 315-464-5450

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contractor's Annual Employment Report Report Period: April 1, 2023 to March 31, 2024 | | | |
|---|------------------------|--|---|
| | | | |
| Scope of Contract (Choose one that Analysis | on | ning Other sying Environ lealth Services Legal | Training IT consulting Immental Services Other Consulting I |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 29-1221.00 | | 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 representation Preparer's Signature: Title: Practice Administrator Date Prepared: 5//15/2024 | port: Farrah McMa | hon U Phone #: <u>315-464</u> | |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| Contrac | tor's Annual Emplo | yment Report | |
|---|---|--|--|
| Report Per | iod: April 1, 2023 to | March 31, 2024 | |
| Contracting State Agency Name: SUN Contract Number: 504878 Contract Term: 9/1/2019 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provide Center and Pediatric Gastroenterology | 8/31/2024 roup, LLP Street, Syracuse, NY d Medical Direction | 13210 | Code: 28110 Multi-Specialty |
| Scope of Contract (Choose one that Analysis | on Research Computer Programm ices Surve | ning Other ying Enviror ealth Services | Training IT consulting Immental Services 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 | 11 | 728 | \$92,527.00 |
| Name of person who prepared this per Preparer's Signature: | oort: Farrah McMah | W | |
| Title: Practice Administrator | | Phone #: 315-464- | ·5450 |
| Date Prepared: <u>5/15/2024</u> Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
|-----------------|--|
| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contracting State Agency Name: SI Contract Number: 504944 | UNY Upstate Medical (| Jniversity Agency | Code: 28110 |
|--|---------------------------------------|---------------------------|-----------------------------------|
| ontract Term: 10/1/2019to | 9/30/2024 | | |
| Contractor Name: Pediatric Service | Group, LLP | | |
| Contractor Address: 750 East Adan | is Street, Syracuse, NY | 13210 | |
| Description of Services Being Provi | ded Quality Officer Pe | ediatric Services Program | n |
| Soons of Contract (Choose one th | at host fifu). | | |
| Scope of Contract (Choose one the Analysis Evalue | at dest his): ation \tag{Research} | arch 🗌 | Training |
| Data Processing | Computer Programn | ning 🔲 Other | IT consulting |
| Engineering Architect Se | | <i></i> | mental Services |
| Tealth Services 🛛 | | ealth Services | o., a 1., \Box |
| Accounting Auditing | Paralegal 🗌 | Legal 🗌 | Other Consulting |
| | 77 1 0 | | |
| | Number of | Number of Hours | Amount Pavable |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| Employment Category 29-1221.00 | Employees 2 | | |
| | Employees | Worked | Under the Contrac |
| | Employees | Worked | Under the Contrac |
| | Employees | Worked | Under the Contract |
| | Employees | Worked | Under the Contract |
| | Employees | Worked | Under the Contract |
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| | Employees | Worked | Under the Contract |
| | Employees | Worked | Under the Contract |
| | Employees | Worked | Under the Contract |
| | Employees | Worked 1,040 | Under the Contract \$112,063.00 |
| | Employees | Worked | Under the Contract |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| Report Per | iod: April 1, 2023 to | o March 31, 2024 | |
|---|--|----------------------------------|---|
| Contracting State Agency Name: SUN Contract Number: 505065 Contract Term: 7/1/2019 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provide | 6/30/2024 roup, LLP Street, Syracuse, NY | 13210 | Code: <u>28110</u> |
| Scope of Contract (Choose one that Analysis | on Reserved Computer Programm ices Surve | ying Environ ealth Services E | Training IT consulting mental Services 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 Grand Total | 1 1 | 2,080 2,080 | \$214,225.25 \$214,225.25 |
| Name of person who prepared this rep Preparer's Signature: Title: Practice Administrator Date Prepared: 5/15/2024 Use additional pages if necessary) | ort: Farrah McMat | · // A | -5450 Page 1 of 1 |

FORM B

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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contracting State Agency Name: Signature Sold State Agency Name: Signature Sold State Agency Name: Sold Sold Sold Sold Sold Sold Sold Sold | 6/30/2024 Group, LLP ns Street, Syracuse, NY | 13210 | Code: 28110 |
|--|--|---|---|
| Scope of Contract (Choose one the Analysis Evalue Data Processing Architect See Health Services Accounting Auditing | ation Resear Computer Programmervices Surve Mental H | ing Other : ying Enviror ealth Services | Training IT consulting Imental Services Other Consulting |
| Accounting Adding _ | | | |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contrac |
| <u> </u> | | | P |
| Employment Category | Employees | Worked | Under the Contrac |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| ontract Number: 505379 | NY Upstate Medical I | Oniversity Agency | Code: 28110 |
|---|----------------------|---------------------------------|----------------------------------|
| Contract Term: 7/1/2020 to | 6/30/2025 | | |
| Contractor Name: Pediatric Service G | | | |
| Contractor Address: 750 East Adams | | | |
| Description of Services Being Provide | d Pediatric Ambula | tory Infusion and Transf | usion Physician |
| ervices | | | |
| | | | |
| cope of Contract (Choose one that | best fits): | | |
| Analysis Evaluation | | | Training |
| | Computer Programm | | IT consulting |
| Engineering Architect Serv Iealth Services | | ying Environ lealth Services | nmental Services |
| Accounting Auditing | | | Other Consulting |
| | | <u>-</u> | |
| Employment Category | Number of | Number of Hours | Amount Payable |
| 9-1221.00 | Employees | Worked | Under the Contra \$286,460.00 |
| Contract is based on billable | | | \$200,400.00 |
| volume, not FTEs | | | |
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| Total this page | | | \$288,436.25 |
| Grand Total | ļ | | \$288,436.25 |
| Name of person who prepared this rep | obri: FarrahiMcMah | non | |
| Preparer's Signature: | VIIIIII | | |
| | · nan A (VINCA) | Phone #: 315-464- | |
| Title: Practice Administrator | | Diaman II. ORE ANA | |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| Report 1 c | riod: April 1, 2022 to | March 51, 2025 | |
|--|--|---|---|
| Contracting State Agency Name: <u>SUI</u> Contract Number: 505380 | NY Upstate Medical U | Iniversity Agency | Code: 28110 |
| Contract Term: 7/1/2020 to | 6/30/2025 | | |
| Contractor Name: Pediatric Service C | | | |
| Contractor Address: 750 East Adams | Street, Syracuse, NY | 13210 | |
| Description of Services Being Provide | ed Pediatric Designat | ed AIDS Center (PDAC | C) Physician Clinical |
| Services | | | |
| | | | |
| Scope of Contract (Choose one that Analysis | ion Resea Computer Programm vices Survey Mental He | ing Other ying Enviror ealth Services | Training IT consulting mental Services Other Consulting |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contract |
| 29-1221.00 | 2 | 624 | \$87,710.00 |
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| Total this page | 2 | 624 | \$87,710.00 |
| Grand Total | 2 | 624 | \$87,710.00 |
| Name of person who prepared this re | morts Farrah McMah | ion | |
| - ///////// | 0/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | 10.00 | |
| Preparer's Signature: | IN THE MAN | | |
| Title: Practice Administrator | | Phone #: 315-464 | -5450 |
| Date Prepared: 5//15/2024 | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contract | to <mark>r's Annual Emp</mark> lo | yment Report | |
|---|--|--|--|
| Report Peri | od: April 1, 2023 to | March 31, 2024 | |
| Contracting State Agency Name: SUN Contract Number: 505381 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Gr Contractor Address: 750 East Adams S Description of Services Being Provided | 6/30/2025 roup, LLP Street, Syracuse, NY | 13210 | Code: 28110 y Therapy Program |
| Scope of Contract (Choose one that I Analysis Evaluation Data Processing Architect Services Accounting Auditing Auditing | on Resear Computer Programm ces Surve | ing Other: ying Enviror ealth Services | Training IT consulting Imental Services 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 rep Preparer's Signature: Title: Practice Administrator | ert: Farrah McMah | Phone #: 315-464- | 5450 |
| Date Prepared: 5//15/2024 Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

| Report Po | eriod: April 1, 2023 to | March 31, 2024 | |
|--|---|------------------------------|---|
| Contracting State Agency Name: SU Contract Number: 505382 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Contractor Address: 750 East Adam Description of Services Being Provid Consultative Services Program | 6/30/2025 Group, LLP s Street, Syracuse, NY | 13210 | Code: 28110 Stewardship and |
| Data Processing | tion Research Computer Programm | ing Other : ying Environ | Training IT consulting umental Services |
| Engineering Architect Set Health Services Accounting Auditing | Mental H | Legal 🗌 | Other Consulting |
| Health Services ⊠ | Mental H | Legal Number of Hours Worked | Amount Payable Under the Contract |
| Health Services Accounting Auditing | Mental H Paralegal Number of | Legal Number of Hours | Amount Payable |
| Health Services Accounting Auditing Employment Category | Mental H Paralegal Number of Employees | Legal Number of Hours Worked | Amount Payable Under the Contract |
| Health Services Accounting Auditing Employment Category | Mental H Paralegal Number of Employees | Legal Number of Hours Worked | Amount Payable Under the Contract |

Date Prepared: 5/15/2024

Use additional pages if necessary)

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| Contracting State Agency Name: SU Contract Number: 505383 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Contractor Address: 750 East Adam Description of Services Being Provide (PDAC) Program | 6/30/2025 Group, LLP s Street, Syracuse, NY | 13210 | Code: 28110 AIDS Center |
|--|--|---|--|
| Scope of Contract (Choose one that Analysis | tion Resear Computer Programm rvices Surve Mental He | ing Other ying Environ ealth Services | Training IT consulting Immental Services Other Consulting |
| | Normhon of | Number of House | Amount Dayable |
| Employment Category | Number of Employees | Number of Hours Worked 520 | |
| Employment Category 29-1221.00 | 100000000000000000000000000000000000000 | | |
| | 100000000000000000000000000000000000000 | Worked | Under the Contrac |
| | 100000000000000000000000000000000000000 | Worked | Under the Contract |

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| Category Code: | |

State Consultant Services

| | State Constitution 5 | | |
|--|--|--|---|
| Contra | ector's Annual Empl | oyment Report | |
| Report Pe | eriod: April 1, 2023 1 | to March 31, 2024 | |
| Contracting State Agency Name: SU Contract Number: 505385 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Contractor Address: 750 East Adams Description of Services Being Provide | 6/30/2025 Group, LLP s Street, Syracuse, NY | 13210 | Code: 28110 Control Program |
| Scope of Contract (Choose one that Analysis | tion Rese Computer Programm vices Surve Mental H | ning Other sying Environ lealth Services | Training IT consulting mental Services 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 propared this re Preparer's Signature: Title: Practice Administrator | Port: Farrah McMah | Phone #: 315-464- | -54 5 0 |
| Date Prepared: <u>5//14/2024</u> | | | Edul Mar |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| ontracting State Agency Name: SUN ontract Number: 505388 ontract Term: 7/1/2020 to ontractor Name: Pediatric Service Grontractor Address: 750 East Adams | 6/30/2025 roup, LLP | 13210 | Code: <u>28110</u> |
|--|------------------------|--|--|
| escription of Services Being Provide | d Physician Services | Pediatric Hospitalists | |
| cope of Contract (Choose one that Analysis | on Computer Programm | ing COther I ying Environ ealth Services C | Training Toonsulting mental Services 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 \$1,790,574.94 |
| Grand Total | 13 | 24,060 | Φ1./3U.3/4.94 |
| Name of person who prepared this preparer's Signature: | port: Farrah McMa | ahon | |
| Title: Practice Administrator | | Phone #: 315-464 | 4-5450 |
| Date Prepared: <u>5/15/2024</u> | | | Page 1 of 1 |

FORM B

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| Reporting Code: | |
| Category Code: | |

| 200016201 | riod: April 1, 2023 to | | |
|---|--|--|---|
| Contracting State Agency Name: SUR Contract Number: 505407 Contract Term: 7/1/2020 to Contractor Name: Pediatric Service Contractor Address: 750 East Adams Description of Services Being Provide | 6/30/2023 Group, LLP_ Street, Syracuse, NY | 13210 | Code: 28110 |
| Scope of Contract (Choose one that Analysis | ion Rese Computer Programn vices Surve Mental H | ning Other rying Enviror (ealth Services | Training IT consulting mental Services Other Consulting |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | H. HINDLOVEES | Worked | Under the Contra |
| | Employees 1 | Worked 104 | \$14,586.50 |
| | | | |
| | | | |
| 29-1221.00 Total this page | | | \$14,586.50 \$14,586.50 |
| 29-1221.00 | | 104 | \$14,586.50 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| Contracting State Agency Name: <u>SU</u> Contract Number: 505407 Contract Term: 7/1/2023 to | | Iniversity Agency | Code: 28110 |
|---|--------------------|--------------------------|-----------------------------|
| | | | |
| 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 | | l. [| Taninina [7] |
| Analysis Evaluat | | <u> </u> | Training IT consulting IT |
| Data Processing Engineering Architect Ser | Computer Programm | <u> </u> | mental Services |
| Health Services | | ealth Services | mientar berviees |
| Accounting Auditing | | | Other Consulting |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contract |
| 29-1221.00 | 1 | 312 | \$45,047.25 |
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| Total this page | 1 | 312 | \$45,047.25 |
| | 1 | + | |
| Grand Total | 1 | 312 | \$45,047.25 |
| Name of person who prepared this re Preparer's Signature: | port: Farrah McMah | on | |
| Title: Practice Administrator | | Phone #: 315-464-5450 | |
| Title: Practice Administrator | | FIIOHE #. 313-404 | -3430 |
| Title: Practice Administrator Date Prepared: 5/15/2024 | | Filone #. <u>515-404</u> | 0400 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contracting State Agency Name :SU | NY Upstate Medical | University Agency | Code: 28110 | |
|--|-----------------------------------|----------------------------|-----------------------------------|--|
| Contract Number: 505408 | 10/01/0005 | | | |
| Contract Term: 11/1/2020 to Contractor Name: Pediatric Service | 10/31/2025 | | | |
| Contractor Address: 750 East Adams | Street Symposia NV | 7 12010 | | |
| Description of Services Being Provid | led Developmental P | ediatric Physician Service | XOS | |
| Scope of Contract (Choose one that best fits): Analysis | | | | |
| Employment Category | Number of | Number of Hours | Other Consulting Amount Payable | |
| 29-1221.00 | Employees 1 | Worked 1.079 | Under the Contrac \$138.484.76 | |
| | | | | |
| | | | | |
| Total this page | | 1,079 | \$138,484.76 | |
| Total this page Grand Total Name of person who prepared this fe | 1 1 1 Port: Farrah McMah | 1,079 | \$138,484.76 \$138,484.76 | |

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| Reporting Code: | |
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| | 1 22pan 2, 2020 11 | March 31, 2024 | |
|--|--|---|---|
| ontracting State Agency Name: SUNY ontract Number: 505409 ontract Term: 7/1/2020 to 6 ontractor Name: Pediatric Service Ground Contractor Address: 750 East Adams Street Contractor of Services Being Provided | 5/30/2023 ip, LLP | 13210 | Code: 28110 |
| Cope of Contract (Choose one that bee Analysis | omputer Programmes Survey Mental Ho Paralegal Number of | ing Cother I ying Control ealth Services Co | Training IT consulting Imental Services Other Consulting Amount Payable Under the Contract |
| 29-1221.00 | Employees | 104 | \$13.238.50 |
| | | | |
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| | | | |
| | | | \$12.220 EA |
| Total this page | 1 1 | 104 104 | \$13,238.50 \$13,238.50 |

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| Reporting Code: | |
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State Consultant Services

| Contract Number: 505611 Contract Term: 3/1/2021 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 Mana Documentation Improvement Program Scope of Contract (Choose one that best fits): Analysis | ncy Code: 28110 | | | |
|---|---|--|--|--|
| Contract Number: \$05611 Contract Term: 3/1/2021 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 Mana, Documentation Improvement Program Scope of Contract (Choose one that best fits): Analysis | | | | |
| Analysis Bevaluation Research Other Data Processing Computer Programming Other Engineering Architect Services Surveying Environment Services Accounting Auditing Paralegal Legal Employment Category Number of Employees Worked 29-1221.00 1 477 | | | | |
| Employees Worked 29-1221.00 1 477 | Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services | | | |
| 29-1221.00 | Amount Payable Under the Contrac | | | |
| Total this page 1 477 | \$45,799.42 | | | |
| Total this page 1 477 | | | | |
| 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: Property of the last text of | | | | |
| Title: Practice Administrator Phone #: 315-4 | UCPC-P0 | | | |
| Date Prepared: 5/15/2024 Use additional pages if necessary) | Page 1 of 1 | | | |

FORM B

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| Reporting Code: | |
| Category Code: | |

| Contractor's Annual Employment Report | | | | |
|--|--|--|--|--|
| Report Period: April 1, 2023 to March 31, 2024 | | | | |
| Contracting State Agency Name: SUN Contract Number: 505751 Contract Term: 7/1/2021 Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provide | 6/30/2026 roup, LLP Street, Syracuse, NY | 13210 | Code: 28110 | |
| Scope of Contract (Choose one that Analysis | on Resear Computer Programm ices Surve | ting Other ying Environ ealth Services | Training IT consulting Immental Services 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 re Preparer's Signature: Title: Practice Administrator | port: <u>Farrah McMah</u> | Phone #: 315-464 | | |
| Date Prepared: 5//14/2024 | | | | |
| Use additional pages if necessary) | | | Page 1 of 1 | |

FORM B

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| Reporting Code: | |
| Category Code: | |

| Report Period: April 1, 2023 to March 31, 2024 | | | |
|---|--|---|---|
| Contracting State Agency Name: SUN Contract Number: 505768 Contract Term: 7/1/2021 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provide | 6/30/2026 roup, LLP Street, Syracuse, NY | 13210 | / Code: 28110 |
| Scope of Contract (Choose one that Analysis | on Research Computer Programm ices Surve | ning Other ying Environealth Services | Training IT consulting Imental Services 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 Preparer's Signature: Title: Practice Adminsitrator Date Prepared: 5/15/2024 Use additional pages if necessary) | ort: Farrah McMah | | - |
| | | | T MRC I OT I |

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| Category Code: | |

| Contracting State Agency Name: <u>SU</u> Contract Number: 505788 | NY Upstate Medical Unive | ersity Agency | Code: 28110 |
|---|---|-----------------------------|-----------------------------------|
| Contract Term: 7/1/2021 to | 6/30/2026 | | |
| Contractor Name: Pediatric Service (| Group, LLP | | |
| Contractor Address: 750 East Adams Description of Services Being Provid Center ("UPAC") | s Street, Syracuse, NY 132 ed Medical Direction of U | 10 Iniversity Pediatric | and Adolescent |
| Scope of Contract (Choose one that Analysis Data Processing | | Other 1 | Training Tronsulting |
| Engineering Architect Ser | vices Surveying | Environ | mental Services |
| Health Services 🗵 | Mental Health | | 0.1 C 1/2 |
| 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 |
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| m - 141 | 1 | 624 | \$106.966.00 |
| Total this page | 1 1 | 624 | \$106,966.00 |
| Grand Total | 1 1 | 024 | \$100,900.00 |
| Name of person who prepared this i | port: Farrah McMahon | | |
| Preparer's Signature: | A MALANAMAN | ^ | |
| | A A A SA A CANADA | Phone #: 315-464 | -5450 |
| Title: Practice Administrator | | , попо ж. <u>о 10 -70 т</u> | |
| | | | |
| Date Prepared: <u>5/15/2024</u> | | | |

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| Reporting Code: | |
| Category Code: | |

| Report Period: April 1, 2023 to March 31, 2024 | | | |
|---|---|---|--|
| Contracting State Agency Name: SU Contract Number: 505795 Contract Term: 7/1/2021 to Contractor Name: Pediatric Service Contractor Address: 750 East Adam Description of Services Being Provide Pediatric Intensive Care Unit | 6/30/2024 Group, LLP s Street, Syracuse, NY | 13210 | Code: 28110 |
| Scope of Contract (Choose one that Analysis | tion Resear Computer Programm vices Surve Mental H | ing Other ying Enviror ealth Services | Training IT consulting Immental Services Other Consulting Amount Payable |
| Employment Category | Employees | Worked | Under the Contract |
| 29-1221.00 | 1 | 416 | \$65,463.00 |
| | | | |
| Total this page | 11 | 416 | \$65,463.00 |
| Grand Total | 1 | 416 | \$65,463.00 |
| Name of person who prepared this preparer's Signature: Title: Practice Administrator | eport: Farrah McMah | A. | -5450 |
| Date Prepared: <u>5//15/2024</u> | | | |
| Tipe additional pages if necessary) | | | Page 1 of 1 |

FORM B

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| Reporting Code: | |
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| Contracting State Agency Name: SUN Contract Number: 505800 Contract Term: 7/1/2021 to Contractor Name: Pediatric Service G Contractor Address: 750 East Adams Description of Services Being Provide | 6/30/2026 roup, LLP Street, Syracuse, NY | 13210 | Code: 28110 Services |
|--|--|--|-----------------------------------|
| Scope of Contract (Choose one that Analysis | on Research Computer Programm ices Surve | ning Other ying Environ ealth Services | Training |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 29-1221.00 | 1 | 166 | \$24,756.00 |
| | | 166 | \$24,756.00 |
| Total this page Grand Total | 1 1 | 166 | \$24,756.00 |
| Name of person who prepared this re Preparer's Signature: Title: Practice Administrator | port: Farrah McMai | Phone #: 315-464 | -5450 |
| Date Prepared: 5/14/2024 Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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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 | | | | |
|--|--|--|---|--|
| Report Per | 10d: April 1, 2023 to | MARCH 51, 2024 | | |
| Contracting State Agency Name: SUN Contract Number: 506049 Contract Term: 9/1/2021 to Contractor Name: Pediatric Service Gontractor Address: 750 East Adams | 8/31/2024 Froup, LLP | | Code: 28110 | |
| Description of Services Being Provide | ed Pediatric Gastroen | terologist Physician Ser | vices | |
| Scope of Contract (Choose one that Analysis | ion Resear Computer Programm vices Surve Mental H | ning Other ying Environ ealth Services | Training IT consulting Immental Services 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 Preparer's Signature: | eport: Farrah McMa | | | |
| Title: Practice Administrator Date Prepared: 5/15/2024 | | Phone #: 315-464 | H-040U | |
| Use additional pages if necessary) | | | Page 1 of 1 | |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

| | | March 31, 2024 | |
|--|---|---|--|
| Contracting State Agency Name: SUNY Contract Number: 506111 Contract Term: 3/14/2022 to Contractor Name: Pediatric Service Gre Contractor Address: 750 East Adams S Description of Services Being Provided | 3/13/2025 oup, LLP_ treet, Syracuse, NY | 13210 | Code: 28110 |
| Engineering Architect Services Accounting Auditing Auditing | n | ing Other ying Enviror ealth Services | Training IT consulting Immental Services Other Consulting Amount Payable |
| Employment Category | Employees | Worked | Under the Contract |
| 29-1126.00 | | 832 | \$42,969.80 |
| | | | |
| Total this page | 1 | 832 | \$42,969.80 |

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| Reporting Code: | |
| Category Code: | |

| Report Perio | od: April 1, 2023 to | March 31, 2024 | |
|--|---|---|---|
| Contracting State Agency Name: SUN Contract Number: 506137 Contract Term: 3/31/2022 toto Contractor Name: Pediatric Service Gre Contractor Address: 750 East Adams S Description of Services Being Provided | 3/30/2025 oup, LLP treet, Syracuse, NY | 13210 | Code: 28110 |
| Scope of Contract (Choose one that he Analysis Evaluation Data Processing Architect Services Accounting Auditing Auditing | n 🔲 Reser Computer Programm ces 🗍 Surve | ning Other ying Enviror cealth Services | Training IT consulting Immental Services Other Consulting |
| Employment Category | Number of | Number of Hours Worked | Amount Payable Under the Contract |
| 19-3039.00 | Employees 1 | 1,040 | \$203,388.00 |
| Total this page Grand Total | 1 1 | 1,040 1,040 | \$203,388.00 \$203,388.00 |
| Name of person who propared this per Preparer's Signature: | port: Farrah McMa | | 1-5450 |
| Title: Practice Administrator Date Prepared: 5/15/2024 | | I HOMO W. SIG TO | |
| Use additional pages if necessary) | | | Page 1 of 1 |

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| Reporting Code: | |
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| ontract Number: 506189 | Y Upstate Medical U | niversity Agency | Code: 28 10 |
|--|---|---|---|
| contract Term: 7/1/2022 to | 6/30/2027 · | | |
| Contractor Name: Pediatric Service Gr | | | |
| ontractor Address: 750 East Adams S | Street, Syracuse, NY | 13210 | |
| Description of Services Being Provided | 1 Pediatric Endocrine | ologist Services | |
| Scope of Contract (Choose one that he Analysis Evaluation Data Processing Architect Services Accounting Auditing Auditing | on Resear Computer Programmices Survey | ing Cother on Other ing Environments Environment ealth Services | Training IT consulting mental Services Other Consulting |
| | Number of | Number of Hours | Amount Payable |
| Employment Category | Employees | Worked | Under the Contrac |
| 29-1221.00 | 1 | 2,080 | \$149,627.00 |
| | | | |
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| Total this page | 1 | 2,080 | \$149,627.00 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services Contractor's Annual Employment Report

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

| Report I end | d. April 1, 2020 to | , Marie on Day Board | |
|--|---------------------|--------------------------|--------------------------|
| Contracting State Agency Name: SUNY Contract Number: 506298 | Upstate Medical U | Iniversity Agency | Code: 28110 |
| Contract Term: 8/29/2022to | 8/28/2027 | | |
| Contractor Name: Pediatric Service Gro | | | |
| Contractor Address: 750 East Adams St | reet, Syracuse, NY | 13210 | |
| Description of Services Being Provided | Pediatric Gastroen | terologist Physician Ser | vices |
| Scope of Contract (Choose one that be Analysis Evaluation Data Processing | | _ | Training IT consulting |
| Engineering Architect Service | | ying Environ | mental Services |
| Health Services | | ealth Services | |
| Accounting Auditing | | | Other Consulting |
| | | | |
| Employment Category | Number of | Number of Hours | Amount Payable |
| | Employees | Worked | Under the Contract |
| 29-1221.00 | 11 | 2,080 | \$244,505.67 |
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| | | | |
| Total this page | 1 | 2,080 | \$244,505.67 |
| Grand Total | 11 | 2,080 | \$244,505.67 |
| Name of person who prepared this repo | Fiarrah McMai | nn | QPO1 |
| Title: Practice Administrator | | Phone #: 315-464 | -5450 |
| Date Prepared: <u>5/15/2024</u> | | | |
| Use additional pages if necessary) | | | Page 1 of 1 |

FORM B

| OSC Use Only: | |
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| Reporting Code: | |
| Category Code: | |

State Consultant Services

| Contrac | tor's Annual Emplo | yment Report | | |
|--|--|--|---|--|
| Report Per | iod: April 1, 2023 to | March 31, 2024 | | |
| 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 Analysis | on Resear Computer Programm ices Surve | ning Other ying Environ ealth Services | Training IT consulting nmental Services Other Consulting | |
| Accounting Auditing 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 Grand Total | 1 1 | 2,080 2,080 | \$164,857.00 \$164,857.00 | |
| Name of person who prepared this repreparer's Signature: Title: Practice Administrator | port, Farrah McMah D WWW. | Phone #: 315-464 | -5450 | |
| Date Prepared: 5/15/2024 Use additional pages if necessary) | | ************************************** | Page of | |

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State Consultant Services

| Contra | ector's Annual Empl | oyment Report | |
|---|--|--|--|
| Report Pe | eriod: April 1, 2023 t | o March 31, 2024 | |
| Contracting State Agency Name: SU Contract Number: 506455 Contract Term: 1/1/2023 to Contractor Name: Pediatric Service Contractor Address: 750 East Adams Description of Services Being Provid | 12/31/2026 Group, LLP s Street, Syracuse NY | 13210 | Code: 28110 |
| Scope of Contract (Choose one that Analysis | tion Rese Computer Programm vices Surve Mental H Paralegal | ning Other bying Environ [ealth Services Legal | Training IT consulting Immental Services Other Consulting Immediately Immediat |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| 19-3033.00 | | 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 re Preparer's Signature: | Port: Plarrah McMal | | 5.450 |
| Title: Practice Administrator | | Phone #: <u>315-464</u> | -5450 |
| Date Prepared: <u>5/15/2024</u> | | | |
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| Reporting Code: | |
| Category Code: | |

| 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 | aining consulting consulting central Services |
|---|---|
| Analysis | consulting 🔲 |
| | her Consulting |
| Employment Category Number of Number of Hours Employees 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 |

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| | cy Code: 28110 |
|--|------------------------------|
| se NY 13210 ematology/Oncology Physic | ian Services |
| Surveying | - |
| | Under the Contract |
| | \$219,188.00 |
| 0.000 | #010 199 00 |
| | \$219,188.00 \$219,188.00 |
| | Research |

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| Report Perio | od: 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 | | | | | |
| 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 | | |
| Name of person who prepared this report Preparer's Signature: | Terrah McMaho | | \$64,775.25 | | |
| Title: Practice Administrator Date Prepared: 5/15/2024 Use additional pages if necessary) | | Phone #: <u>315-464</u> - | -5450 Page 1 of 1 | | |