

Broome Developmental  
Disabilities Service Office  
3660230

**FORM B**

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

Contracting State Agency Name: NYS OPWDD Broome DDSOO  
 Contract Number: C0SBR00235  
 Agency Business Unit: 51940  
 Agency Department ID: 3660230  
 Contract Term: 9/1/2019 to 8/31/2024  
 Contractor Name: New Hartford Psychiatric Services  
 Contractor Address: 238 Oriskany Blvd., Whitesboro, NY 13492  
 Description of Services Being Provided: Psychiatry

**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
31-1012-00	1.00	2,096.25	\$471,776.55
31-1012-00	1.00	327.90	\$81,987.29
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	<b>2.00</b>	<b>2,424.15</b>	<b>\$553,763.84</b>
<b>Grand Total</b>	<b>2.00</b>	<b>2,424.15</b>	<b>\$553,763.84</b>

Name of person who prepared this report: Mark R Cephias

Title: Dir. of Finance

Phone #: 715 697-8161

Preparer's Signature: 

Date Prepared: 5/14/2024

**FORM B**

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

Contracting State Agency Name: NYS OPWDD Broome DDSOO  
 Contract Number: COSBR00406  
 Agency Business Unit: 51940  
 Agency Department ID: 3660230  
 Contract Term: 11/1/2021 to 10/31/2026  
 Contractor Name: Auguste Duplan MD PLLC  
 Contractor Address: 602 Warren Place, Ithaca, NY 14850-3147  
 Description of Services Being Provided: Psychiatry

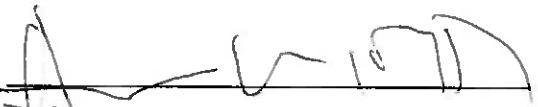
**Scope of Contract (Choose one that best fits):**

- 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
	1	120 Hrs / Month	3,500 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	0.00	0.00	\$ 0.00
<b>Grand Total</b>	1	120 Hrs / yr	12,000

Name of person who prepared this report:

Title:

Preparer's Signature: 

Date Prepared: 4/30/24

Phone #: (347-446-1498)

(Use additional pages, if necessary)

**Auguste L. Duplan, MD**  
NYS Lic. #229792

**FORM B**

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

Contracting State Agency Name: NYS OPWDD Broome DDSOO  
 Contract Number: C0SBR00407 Agency Business Unit: 51940  
 Contract Term: 11/1/2021 to 10/31/2026 Agency Department ID: 3660230  
 Contractor Name: New Hartford Psychiatric Services  
 Contractor Address: 238 Oriskany Blvd. Whitesboro, NY 13492  
 Description of Services Being Provided: Psychiatry

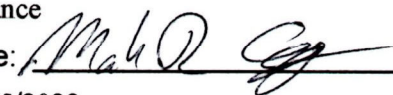
- Scope of Contract (Choose one that best fits):**
- Analysis     Evaluation     Research     Training  
 Data Processing     Computer Programming     Other IT consulting  
 Engineering     Architect Services     Surveying     Environmental Services  
 Health Services     Mental Health Services  
 Accounting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

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
31-1012-00	2.00	1,845.15	\$510,664.29
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	2.00	1,845.15	\$510,664.29
<b>Grand Total</b>	2.00	1,845.15	\$510,664.26

Name of person who prepared this report: Mark R Cephas

Title: Director of Finance

Phone #: 715-697-8161

Preparer's Signature: 

Date Prepared: 05/15/2023



**FORM B**

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

Contracting State Agency Name: NYS OPWDD Broome DDSOO  
 Contract Number: C0SBR00439  
 Agency Business Unit: 51940  
 Agency Department ID: 3660230  
 Contract Term: 2/1/2022 to 10/31/2026  
 Contractor Name: New Hartford Psychiatric Services  
 Contractor Address: 238 Oriskany Blvd., Whitesboro, NY 13492  
 Description of Services Being Provided: Psychiatry

**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
31-1012-00	1.00	414.50	\$145,089.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	414.50	\$145,089.00
<b>Grand Total</b>	1.00	414	\$145,089.00

Name of person who prepared this report: Mark R Cephas

Title: Director of Finance

Phone #: (715)697-8161

Preparer's Signature:

Date Prepared: 05/14/2024

**FORM B**

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

Contracting State Agency Name: NYS OPWDD Broome DDSOO  
 Contract Number: C0SBR00532  
 Agency Business Unit: 51940  
 Agency Department ID: 3660230  
 Contract Term: 12/1/2022 to 11/30/2027  
 Contractor Name: Cedar Park Group Inc.  
 Contractor Address: 2 Lawson Ave. Suite 11, East Rockaway, NY 11518  
 Description of Services Being Provided: Patient Companion

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

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

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

Name of person who prepared this report: SAMANTHA TERLINE

Title: PRESIDENT

Phone #: 5165350613

Preparer's Signature: 

Date Prepared: 5/1/2024

**FORM B**

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

Contracting State Agency Name: NYS OPWDD Broome DDSOO  
 Contract Number: T0SBR00534  
 Agency Business Unit: 51940  
 Agency Department ID: 3660230  
 Contract Term: 12/1/2022 to 11/30/2027  
 Contractor Name: Priority Care Home Services LLC DBA Priority Cleans  
 Contractor Address: 36-46 37<sup>th</sup> St., Long Island City, NY 11101  
 Description of Services Being Provided: Patient Companion

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

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

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

Name of person who prepared this report: Ezekiel Segun Olaniyi

Title: Owner & CEO

Phone #: (347) 985-3863

Preparer's Signature: 

Date Prepared: 05/22/2024