Hudson Valley Developmental Disabilities Service Office 3660236

Cooperation of Contract /Chasses

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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: NYS OPWDD Hudson Valley DDSOO Contract Number: C0SHV00547 Agency Business Unit: 51210 Agency Department ID: 3660236 Contract Term: 3/1/2023 to 2/29/2028 Contractor Name: Park Avenue Wellness Psychiatry PC, DBA Park Avenue Wellness Center Contractor Address: 1049 Park Avenue, Unit 1B, New York, NY 10028 Description of Services Being Provided: Psychiatry

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Accounting Auditing Para		Land		
Accounting Auditing Para Employment Category		Legal ber of byees	Other Consulting Number of Hours Worked	Amount Payable Under the Contract
	1	0.00	0.00	\$0.00
		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
$\overline{\mathbf{V}}$	X	0.00	0.00	\$0.00
\wedge		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
		0,00	0.00	\$0.00
Total this Page		0.00	0.00	\$ 0.00
Grand Total	3			6330,222.91
amo of norman who prepared this repo	nt.		See Ore	Sheet 914-204-09
lame of person who prepared this repo itle: $MD/D(OS ident)$			Phone #:	ALL

Title: MD/DOSident Martin House

Date Prepared: 51/9/24

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: NYS OPWDD Hudson Valley DDSOO
Contract Number: C0SHV00566
Agency Business Unit: 51210
Agency Department ID: 3660236
Contract Term: 5/1/2023 to 4/30/2028
Contractor Name: Marquis Home Care, LLC
Contractor Address: 230 N. Main St., Spring Valley, NY 10977
Description of Services Being Provided: Patient Companion
Scope of Contract (Choose one that best fits):

Analysis Evaluation Resear	ch Training		
Data Processing Computer Progra	mming 🗌 Othe	er IT consulting	
Engineering Architect Services	Surveying [Environmental Services	;
Health Services I Mental Health Ser	vices		
Accounting Auditing Paraleg	gal 🗌 Legal	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Companion Services	14.00	13,302.00	\$282,101.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	13,302.00	\$282,101.00
Grand Total	14.00	13,302	\$282,101.00

Name of person who prepared this report: Hennie Fasten

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Title: Director of Payroll Preparer's Signature:

Phone #: 845-205-9508

Date Prepared: 05/14/2024

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 Hudson Valley DDSOO
Contract Number: C0SHV00567
Agency Business Unit: 51210
Agency Department ID: 3660236
Contract Term: 5/1/2023 to 4/30/2028
Contractor Name: Joy Professional Home Care Services LLC
Contractor Address: 2270 Grand Ave., Baldwin, NY 11510
Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best	fits):		
Analysis Evaluation Research Training			
Data Processing Computer Progra	mming 🛛 🗌 Othe	r IT consulting	
Engineering Architect Services	Surveying	Environmental Services	
🛛 Health Services 🛛 🗍 Mental Health Ser	vices		
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Comanion Care services	3.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: $\ensuremath{\mathsf{Joy}}$ $\ensuremath{\mathsf{Iloegbu}}$

Title: RN, MSN, CEO

Phone #: 6313165668

Mogbu Preparer's Signature:

Date Prepared: 5//13/24

New York State Consultant Services **Contractor's Annual Employment Report**

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

Contracting State Agency Name: NYS O	PWDD Hudson Va	alley DDSOO		
Contract Number: C0SHV00572				
Agency Business Unit: 51210				
Agency Department ID: 3660236				
Contract Term: 5/1/2023 to 4/30/2028	Contract Term: 5/1/2023 to 4/30/2028			
Contractor Name: Sunshine Homecare S	Contractor Name: Sunshine Homecare Services Corporation			
Contractor Address: 10 Schriever Lane, I	New City, NJ 1095	56		
Description of Services Being Provided:	Patient Companio	n		
Scope of Contract (Choose one that best f	•			
Analysis Evaluation Resear	g	· · · · · · · · · · · · · · · · · · ·		
Data Processing Computer Progra	-	TT consulting		
Engineering Architect Services	Surveying] Environmental Services		
Health Services I Mental Health Ser				
Accounting Auditing Paralegal Legal Other Consulting				
	9=: <u> </u>			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Employment Category Sunshine Has Not Provided Any Services	Number of	Number of		
	Number of Employees	Number of Hours Worked	Under the Contract	
Sunshine Has Not Provided Any Services	Number of Employees 0.00	Number of Hours Worked 0.00	Under the Contract	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00	Number of Hours Worked 0.00 0.00	Under the Contract \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00 0.00	Number of Hours Worked 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Number of Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Sunshine Has Not Provided Any Services Under this Contract During The Period	Number of Employees 0.00	Number of Hours Worked 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	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	

Name of person who prepared this report: Sonu Abraham

Title: CAO

lathatham Preparer's Signature:

Phone #: 845-613-7838

Date Prepared: 05/08/2024

New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: NYS Of Contract Number: C0SHV00573 Agency Business Unit: 51210 Agency Department ID: 3660236 Contract Term: 5/1/2023 to 4/30/2028 Contractor Name: Cedar Park Group, Inc Contractor Address: 2 Lawson Ave. Suite Description of Services Being Provided:	e 11, East Rockaw	ay, NY 11518		
Scope of Contract (Choose one that best f	fits):			
□ Analysis □ Evaluation □ Researc	h 🛛 Training			
Data Processing Computer Program	nming 🛛 🗆 Other I	T consulting		
Engineering Architect Services Surveying Environmental Services				
☑ Health Services ☐ Mental Health Serv	vices			
□ Accounting □ Auditing □ Paralega	<u> </u>	Other Consulting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
PATIENT COMPANIONS	1	25.50	964.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	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 Grand Total	0.00	0.00	\$0.00	

Name of person who prepared this report: SAMANTHA TERLINE

Title: PRESIDENT

Phone #: 5165350613

Preparer's Signature: ____ Date Prepared: 5 /1 /2024