Finger Lakes DDSO 3660235

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016

| Contracting State Agency Name: | CINGER LA | KES PDSC |) | | |
|--|------------------------|---------------------------|--------------------------------------|--|--|
| Contract Number: C260367Agency Business Unit:OP Do1Contract Term: 11/01/2011 to 10/31/2016Agency Department ID:36666235 | | | | | |
| Contract Term: 11/01/2011 to 10/31/2016 Agency Department ID: 3666235 | | | | | |
| Contractor Name: Dentserv Dental Services, PC Contractor Address: 15 Canal Road Pelham Manor NY 10803 Description of Services Being Provided: Dental Services | | | | | |
| Scope of Contract (Choose one that | at best fits): | | | | |
| Analysis Evaluation | Research [| Training | | | |
| Data Processing Comput | ter Programming | Other IT consulting | | | |
| Engineering Architect Se | rvices 🗌 Surve | ying 🗌 Environme | ental Services | | |
| X Health Services I Mental H | lealth Services | | | | |
| Accounting Auditing | Paralegal [| Legal Other | Consulting | | |
| | | | | | |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract | | |
| Dentist 29-1021.00 | 2 | 1796.25 | \$ 224,531.25 | | |
| Dental Assistant 31-9091.00 | 6 | 3668.83 | \$ 102,974.58 | | |
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| | | | | | |
| Total this page | 8 | 5465.08 | \$ 327,505.83 | | |
| Grand Total | 8 | 5465.08 | \$ 327,505.83 | | |

Name of person who prepared this report: Isaac Newman

Title: COO

Preparer's Signature: In Mm

Date Prepared: 05/12/2016

(Use additional pages, if necessary)

Phone #: 914 738 1144

Page 1 of 1

AU 3272-S (Effective 4/12)

FORM B

| Contractor's | Annual Em | Iltant Services ployment Repo to March 31, 2016 | |
|--|-----------|---|--------------------|
| Contracting State Agency Name: F Contract Number: C260389 Contract Term: 10/01/2011 to 09/3 Contractor Name: Unlimited Care Inc Contractor Address: Description of Services Being Provide | | Agency Business Ur Agency Department | |
| Data Processing Computer Pro Engineering Architect Services Health Services Mental Health | search | | |
| Employment Category | Employees | Hours Worked | Under the Contract |
| Personal care aide- Hospital sitter | 11.00 | 145.50 | \$2,240.70 |
| service | 0.00 | 0.00 | \$0.00 |
| | 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 | | | |
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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 | 11.00 | 145.50 | \$2,240.70 |
| Grand Total | 11.00 | 145.50 | \$2,240.70 |

Name of person who prepared this report: Ryan Hoose

Title: Branch Manager- Rochester, NY,

Preparer's Signature:

Date Prepared: 05/13/2016

(Use additional pages, if necessary)

Phone #: 585-272-8800

FORM B

| New York State Consultant Services |
|--|
| Contractor's Annual Employment Report |
| Report Period: April 1, 2015 to March 31, 2016 |

| Contracting State Agency Name: Finger Lakes DDSO | | | | | |
|---|------------------------|---------------------------|--------------------------------------|--|--|
| Contract Number: C260390 Agency Business Unit: OPD01 | | | | | |
| Contract Term: 10/01/2011 to 09/30/2016 Agency Department ID: 3660235 | | | | | |
| Contractor Name: AIM Independent Living Center | | | | | |
| Contractor Address: 271 East First Street Corning, NY 14830 | | | | | |
| Description of Services Being Provided: Hospital Health Aides | | | | | |
| | | | | | |
| | | | | | |
| Scope of Contract (Choose one that b | 100 Petersen 18 Peters | • 11 • Easter | | | |
| | | ining | | | |
| Data Processing Computer Pro | | Other IT consulting | | | |
| Engineering Architect Services | | Environmental | Services | | |
| Health Services Mental Health | | | 3 | | |
| Accounting Auditing Pa | ralegal 🗌 Leg | al 🗌 Other Consul | ting | | |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract | | |
| 31-1011.00 | 0.00 | 0.00 | \$0.00 | | |
| | 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 | 0.00 | 0.00 | \$ 0.00 | | |
| Grand Total | 0.00 | 0 | \$0.00 | | |

Name of person who prepared this report: René L.Snyder

Title: Executive Director Preparer's Signature: X Date Prepared: 05/16/2016

Phone #: 607-962-8225

(Use additional pages, if necessary)

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|-------------|------------------|--|
| AC 3272-5 (| (Effective.4/12) | |

FORM B

| | s Annual Em | ultant Services ployment Rep to March 31, 201 | ort |
|--|--|--|--|
| Contracting State Agency Name: Contract Number: C260394 Contract Term: 10/01/2011 to 09 Contractor Name: Interim Healthca Contractor Address: 1.50 w/ Description of Services Being Provi | 9/30/2016 re 45/ington : | Agency Business U Agency Department | |
| Data Processing Computer F Data Processing Data Processing Architect Service Mental Heal | Research 🛄 Tra Programming 🗔 es 🔲 Surveying |) 🔲 Environmental | |
| | Number of | Number of | Amount Payable |
| Employment Category | Employees | Hours Worked | Amount Payable Under the Contract |
| Employment Category | Employees | Hours Worked | Under the Contract |
| Employment Category | Employees 72,0.00 0.00 | Hours Worked (2)).50 0.00 0.00 | Under the Contract 9,441.600 \$0.00 |
| Employment Category | Employees 7.2.0.00 0.00 0.00 | Hours Worked (0)1.50 0.00 0.00 0.00 | Under the Contract 9,441.(2,69.00 \$0.00 \$0.00 |
| Employment Category | Employees 72, 0.00 0.00 0.00 0.00 | Hours Worked (011.50 0.00 0.00 0.00 0.00 | Under the Contract 9,441.(0,6000 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 2.2.0.00 0.00 0.00 0.00 0.00 | Hours Worked (0), 50 0.00 0.00 0.00 0.00 0.00 | Under the Contract 9,441.(260.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 722 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Hours Worked (0.11.50 0.00 0.90 0.00 0.00 0.00 0.00 0.00 | Under the Contract 9,441.66000 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 2.2.0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Hours Worked (0)(.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Under the Contract 9,441.(060.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 7.2.0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Hours Worked (211.50 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 9,441.(2,60,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 2.2.0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Hours Worked (0).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 | Under the Contract 9,441.(260.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 7.2.0.00 0.000 0. | Hours Worked (0)(.5) 0.00 0.00 0.00 0.00 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 9,441.(260.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 2.2.0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Hours Worked (01).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 | Under the Contract 9,441.(260.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 7.2.0.00 0.0 | Hours Worked (0)(.5) 0.00 | Under the Contract 9,441.(2,60,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| Employment Category | Employees 2.2.0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | Hours Worked (01).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 | Under the Contract 9,441.(260.00 \$0.00 \$0.00 \$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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Name of person who prepared this report: Title: Apm, n. 5 te All

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Preparer's Signature: Date Prepared:5/12/16 Phone #:

585+454.4930

(Use additional pages, if necessary)

Pago of 05-20-16 09:23 FROM- TRI COUNTY FAMILY

585-335-8695

FORM B

| New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2015 to March 31, 2016 | | | | |
|--|---|---|--|--|
| Contracting State Agency Name: F Contract Number: C260394 Contract Term: 05/01/2014 to 04/3 Contractor Name: Tri County Family Contractor Address: PO Box 601, Da Description of Services Being Provide | 30/2019 Medicine Program Insville, NY 144 | Agency Business Ur Agency Department m, Inc. 37 | | |
| Scope of Contract (Choose one that best fits): Analysis Evaluation Data Processing Computer Programming Engineering Architect Services Health Services Mental Health Services Accounting Paralegal | | | | |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract | |
| 29-1062.00 Physicians | 2.00 | 158.00 | \$115,481.27 | |
| | 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 | |
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| Total this Page | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | \$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: Joyce E Wheaton

Title: CEO Preparer's Signature Wheatow Date Prepared: 05/13/2016

Phone #: 585-335-3416

(Use additional pages, if necessary)

Page 01 of 01

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016

Contracting State Agency Name: Finger Lakes DDSO Contract Number: C260394 Agency Business Unit: OPD01 Contract Term: 10/01/2011 to 09/30/2016 Agency Department ID: 3660235 Contractor Name: Isaac G. Koilpillai Contractor Address: Description of Services Being Provided: Hospital Health Aides

| Scope of Contract (Choose o | ne that best fits): | | |
|-------------------------------|------------------------|---------------------------|--------------------------------------|
| Analysis Evaluation Res | earch Training | | |
| Data Processing Computer | Programming C | ther IT consulting | g |
| Engineering Architect Service | ces Surveying | Environmenta | Services |
| Health Services Mental Hea | Ith Services | | |
| Accounting Auditing Par | alegal Legal | Other Consultin | g |
| Employment Category | Number of Employees | Number of Hours Worked | Amount Payable Under the Contract |
| Mental Health service | 40 | | |
| - PSYCHIATRY | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.0 |
| | 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 |
| Total this Page | 0.00 | 0.00 | \$ 0.00 |
| Grand Total Ø | 0 | 120.00 | 77950.00 |

Name of person who prepared this report: ISAAC . G. KOILPILLAI . MD

Title: PSYCH IATRIST

Phone #: 3855821279