

# **Finger Lakes DDSO**

**3660235**

## 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: C260367 Agency Business Unit: OPD01  
 Contract Term: 11/01/2011 to 10/31/2016 Agency Department ID: 3660235  
 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 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
Dentist 29-1021.00	2	1796.25	\$ 224,531.25
Dental Assistant 31-9091.00	6	3668.83	\$ 102,974.58
Total this page	8	5465.08	\$ 327,505.83
<b>Grand Total</b>	<b>8</b>	<b>5465.08</b>	<b>\$ 327,505.83</b>

Name of person who prepared this report: Isaac Newman

Title: COO

Phone #: 914 738 1144

Preparer's Signature: 

Date Prepared: 05/12/2016

(Use additional pages, if necessary)

## 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: C260389 Agency Business Unit: OPD01  
 Contract Term: 10/01/2011 to 09/30/2016 Agency Department ID: 3660235  
 Contractor Name: Unlimited Care Inc.  
 Contractor Address:  
 Description of Services Being Provided: Hospital Health Aides

**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
Personal care aide- Hospital sitter service	11.00	145.50	\$2,240.70
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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>11.00</b>	<b>145.50</b>	<b>\$2,240.70</b>
<b>Grand Total</b>	<b>11.00</b>	<b>145.50</b>	<b>\$2,240.70</b>

Name of person who prepared this report: Ryan Hoose

Title: Branch Manager- Rochester, NY

Phone #: 585-272-8800

Preparer's Signature: 

Date Prepared: 05/13/2016

**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 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
31-1011.00	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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: René L. Snyder

Title: Executive Director

Phone #: 607-962-8225

Preparer's Signature: 

Date Prepared: 05/16/2016

AC 3272-S (Effective 4/12)

**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:** Interim Healthcare

Contractor Address: 150 Washington St, ST 200 Rochester NY

**Description of Services Being Provided:** Hospital Health Aides

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**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
HHA	22	611.50	\$9,441.60
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	22	611.50	9,441.60

Name of person who prepared this report:

Title: ADMINISTRATION  
Preparer's Signature: Christopher

Phone #: 585-454-4930

Date Prepared: 5/21/6

(Use additional pages, if necessary)

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**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: 05/01/2014 to 04/30/2019 Agency Department ID: 3660235  
Contractor Name: Tri County Family Medicine Program, Inc.  
Contractor Address: PO Box 601, Dansville, NY 14437  
Description of Services Being Provided: Medical Services

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

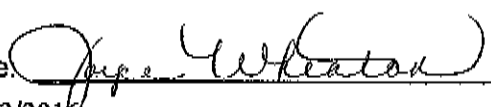
- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training  
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting  
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services  
☒ Health Services ☐ Mental Health Services  
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	2.00	0.00	\$ 0.00
<b>Grand Total</b>	<b>2.00</b>	<b>158.00</b>	<b>\$115,481.27</b>

Name of person who prepared this report: Joyce E Wheaton

Title: CEO

Phone #: 585-335-3416

Preparer's Signature: 

Date Prepared: 05/13/2016

(Use additional pages, if necessary)

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