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| **IMPORTANT notice**  The following instructions and form are provided solely for **OSC contractors** providing consultant services to the NYS Office of the State Comptroller (OSC).  Contractors providing consultant services to **other State agencies** should refer to the contracting agency’s website or contact the agency directly for instructions. |

**osc Consultant Disclosure Reporting Requirements**

**Contractor Instructions**

**FORM B**

**Background:**

Pursuant to New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract. The report must include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Contractors are required to complete **Form B, New York State Consultant Services Contractor’s Annual Employment Report** for each year of the contract term, on a State fiscal year basis.

**Instructions:**

**Form B: State Consultant Services Contractor’s Annual Employment Report**

Complete Form B for contracts for consulting services in accordance with the following:

* **Scope of Contract:** a general classification of the single category that best fits the predominate nature of the services provided under the contract.
* **Employment Category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees providing services under the contract. (Note: The O\*NET database is available through the US Department of Labor’s Employment and Training Administration website at https://www.onetonline.org.)
* **Number of Employees:** the total number of employees in the employment category employed that provided services under the contract during the Report Period, including part-time employees and employees of subcontractors.
* **Number of hours worked:** the total number of hours worked during the Report Period by the employees in the employment category.
* **Amount Payable under the Contract:** the total amount paid or payable by the State to the Contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

**Submit the completed Form B by May 15 for the period April 1 through March 31, and annually by May 15th thereafter for each State fiscal year (or portion thereof) the contract is in effect, as follows:**

**To OSC (as the contracting agency):**

By mail: Bureau of Finance

Office of the State Comptroller

110 State Street, Stop 13-2

Albany, NY 12236-0001

By email: [rfp@osc.state.ny.us](mailto:rfp@osc.state.ny.us)

**To the Bureau of Contracts:**

By mail: Bureau of Contracts

NYS Office of the State Comptroller

110 State Street, 11th Floor

Albany, NY 12236

Attn: Consultant Reporting

By email: [CDMOST@osc.ny.gov](mailto:CDMOST@osc.ny.gov)

**To Department of Civil Service:**

By mail: NYS Department of Civil Service

Alfred E. Smith Office Building

Albany, NY 12239

Attn: Executive Office

By email: [SubmitformB@cs.ny.gov](mailto:SubmitformB@cs.ny.gov)

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| **FORM B** | | | | | | | | | |
| New York State Consultant Services  **Contractor's Annual Employment Report** | | | | | | | | | |
| Report Period: April 1, [Year] to March 31, [Year] | | | | | | | | | |
|  |  |  |  |  |  | |  |  |  |
| Contracting State Agency Name: [Name of State Agency] | | | | | | |  | | |
| Contract Number: [CONTRACT #] | | | | | | Agency Business Unit: [Business Unit] | | | |
| Contract Term: [BEGIN DATE] to [END DATE] | | | | | | Agency Department ID: [#######] | | | |
| Contractor Name: [VENDOR NAME] | | | | | |  | | | |
| Contractor Address: [ADDRESS]  [CITY], [STATE] [ZIP CODE] | | | | | |  | | | |
| Description of Services Being Provided: | | | | | | | | | |
| **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 | | | | | | | | | |
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| **Employment Category** | | | **Number of Employees** | | **Number of Hours to Worked** | | | **Amount Payable Under the Contract** | |
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| Name of person who prepared this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Preparer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Date Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | |  | |  |  |  |
| (Use additional pages, if necessary) | | | |  |  | |  | Page 1 of \_\_\_ | |