

**Consultant Disclosure Legislation Pursuant to
Chapter 10 of the Law of 2006 Amends State Finance Law §§8 and 163**

Background

Chapter 10 of the Laws of 2006 amends State Finance Law §§8 and 163 requires:

Vendors contracting with New York State agencies will be required to disclose, by employment category, the number of persons employed to provide services under a contract for consulting services, the number of hours worked, and the amount paid to the contractor by the State as compensation for work performed by these employees.

Initial Report Requirements

Form A - State Consultant Services - Contractor's Planned Employment From Contract Start

Date through the End of the Contract Term

To enable compliance with the Consultant Discloser Law, the contractor must complete Form A (one-time report) in accordance with the following:

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: Please access the O*NET database, which is available through the U.S. Department of Labor's Employment and Training Administration, online at [O*NET OnLine \(onetonline.org\)](http://onetonline.org) to find a list of occupations.)

Number of Employee: The total number of employees in the employment category employed to provide services under the contract during the Report Period, including part-time employees and employees of subcontractors.

Number of Hours (to be) worked: The total number of hours to be worked.

Amount Payable under the contract: The total amount paid or payable by the State to the state contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

**ELECTRONIC HEALTH RECORDS FOR STATE-OPERATED ADDICTION TREATMENT
CENTERS OASAS RFP #22105**

Attachment IV – Consultant Disclosure Forms A and B

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FORM A

**STATE CONSULTANT SERVICES
CONTRACTOR'S PLANNED EMPLOYMENT FROM CONTRACT START DATE
THROUGH THE END OF THE CONTRACT TERM**

State Agency Name:	
State Agency Department ID:	
Contractor Name:	Contract Number:
Contract Start Date: / /	Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be 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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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			

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Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature: _____

Date Prepared: / /

(Use additional pages, if necessary.)

Annual Report Requirements

FORM B - State Consultant Services Contractor's Annual Employment Report.

The law requires that contractors agree to submit Form B each year the contract is in effect and that the form is to capture historical information detailing actual employment data for the most recently concluded State Fiscal Year (April 1 through March 31). Form B must be submitted to OASAS, the Office of the New York State Comptroller, and the Department of Civil Service by May 15 of each year at the following addresses:

NYS Office of Addiction Services and Supports
Bureau of Contracts & Procurement
1450 Western Avenue, 5th floor
Albany NY 12203

Office of the New York State Comptroller
Bureau of Contracts
110 State Street, 11th floor
Albany NY 12236
Attn: Consultant Reporting

NYS Department of Civil Service
Alfred E. Smith Office Building
Albany NY 12239

Form B should be completed 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, that best describes the employees providing services under the contract.

Number of Employees: The total number of employees in the employment category employed to provide services under the contract during the Report Period, including part-time employees and employees of subcontractors.

Number of Hours (to be) 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 state contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

**ELECTRONIC HEALTH RECORDS FOR STATE-OPERATED ADDICTION TREATMENT
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FORM B

<p>OSC Use Only:</p> <p>Reporting Code: Category Code:</p>

<p>State Consultant Services</p> <p>Contractor's Annual Employment Report</p> <p>Report Period: April 1, to March 31,</p>

Contracting State Agency Name:	Agency Code:
Contract Number:	
Contract Term: / / to / /	
Contractor Name:	
Contractor Address:	
Description of Services Being Provided:	

<p>Scope of Contract (Choose one that best fits):</p> <p>Analysis <input type="checkbox"/> Evaluation <input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/></p> <p>Data Processing <input type="checkbox"/> Computer Programming <input type="checkbox"/> Other IT consulting <input type="checkbox"/></p> <p>Engineering <input type="checkbox"/> Architect Services <input type="checkbox"/> Surveying <input type="checkbox"/> Environmental Services <input type="checkbox"/></p> <p>Health Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/></p> <p>Accounting <input type="checkbox"/> Auditing <input type="checkbox"/> Paralegal <input type="checkbox"/> Legal <input type="checkbox"/> Other Consulting <input checked="" type="checkbox"/></p>

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Total this page			
Grand Total			

Name of person who prepared this report:	
Preparer's Signature: _____	
Title:	Phone #:
Date Prepared: / /	

Use additional pages if necessary)

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