

Exhibit C

New York State Finance Law mandates the annual reporting of certain employment data from vendors that have active consultant services agreements valued above \$15,000 with any New York State agency (including Stony Brook University Hospital).

For new consultant contracts (issued after 6/19/06), vendors must provide the State Consultant Services Contractor's Planned Employment form ("**Form A**") to the contracting agency prior to final execution of the contract. This form is provided only **once** and captures the necessary planned employment information prospectively from the start date of the contract through the end of the contract term.

For all consulting contracts, vendors must provide the State Consultant Services Contractor's Annual Employment Report form ("**Form B**") once each year. This form is provided **annually** and captures historical information, detailing actual employment data for the most recently concluded State fiscal year (April 1 – March 31). Form B must be completed in triplicate and submitted by the vendor to the NYS Department of Civil Service, the Office of the State Comptroller and Stony Brook University Hospital.

For Form B only, the first required reporting period will be the 2006-2007 fiscal year, April 1, 2006 – March 31, 2007. The first reports are due no later than May 15, 2007. Thereafter, reports will be due no later than May 15th of each succeeding year.

Instructions for completing Form A and Form B:

Form A and Form B should be completed for contracts for consulting services in accordance with the following:

Scope of Contract (Form B only): 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: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)

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: for Form A, the total number of hours to be worked, and for Form B, 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.

EXHIBIT C

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

EXHIBIT C Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term	State Consultant Services -
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State Agency Name: _____ Contractor Name: _____ Contract Start Date: / /	Agency Code: _____ Contract Number: _____ Contract End Date: / /
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Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature:

Date Prepared: / /

(Use additional pages, if necessary)

Page of

CONSULTANT QUESTIONNAIRE:

1. Firm Name & Address

 County: _____ Zip _____

2. Year Firm Established: _____

3. Can your firm, through either in-house capability or a sub-consultant, abate asbestos as part of your professional design and construction responsibilities?
 Yes _____ No _____

1a. Branch Office #1

County: _____ Zip _____

1b. Branch Office #2

County: _____ Zip _____

4. In the space provided, list the name(s) of firm principal(s), their discipline, licensing status, year licensed, and the number of years they have been with the firm. Place an (*) by the principal that will be in charge of this project.

Name	Discipline	Licensed	Years with Firm (yes or no and year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. In the space provided, list the name(s) of individual(s) from the branch or main office that will be responsible for the design of this project. Indicate their discipline, licensing status, year licensed, and the number of years they have been with the firm or; attach similar information from Standard Form SF330, Architect-Engineer and Related Services Questionnaire for Specific Projects.

Name	Discipline	Licensed	Years with Firm (yes or no and year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Attach a list of example projects completed within the last five years by the branch or main office that will be responsible for the design of the project. Indicate the project name, owner/contact and phone number, cost of construction, and completion date or; attach copies of Standard Form SF330, Architect-Engineer and Related Services Questionnaire.

7. Other experience and/or qualifications relevant to the proposed project.

8. Is the firm a Certified NYS Minority or Women Owned Business? [] yes [no]
If no, what is the total number of staff employed _____ and of this number,
how many are minorities and/or women _____.

9. Indicate the estimated on-way mileage from the Home Office or Branch Office (whichever will provide the services)
to the campus: _____ miles.

I certify that the foregoing are true statements.

Signature: _____

Name: _____

Title: _____

Date: _____