

**OSC Use Only:**  
 Reporting Code:  
 Category Code:  
 Date Contract Approved:

**FORM A**

State Consultant Services - Contractor's Planned Employment  
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: Department of Corrections & Community Supervision  
 Contractor Name: Cell Staff, LLC  
 Contract Start Date: 10/1 /2016  
 Agency Code: ~~40466~~ <sup>10370</sup>  
 Contract Number: DOC01-C37016-0002  
 Contract End Date: 9/30/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-2061.00 - Licensed Practical Nurses	8	40,000	\$1,936,000.00
Total this page	8	40,000	\$1,936,000.00
Grand Total	8	40,000	\$1,936,000.00

Name of person who prepared this report: Grant Hargis  
 Title: Director  
 Preparer's Signature: *Grant Hargis*  
 Date Prepared: 10/2 / 2017  
 (Use additional pages, if necessary)

Phone #: 855-561-1715