AC 3271-S (Effective 4/12)

**FORM A**

# New York State Consultant Services
## Contractor's Planned Employment
From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Veterans'Home at Montrose
State Agency Department ID: 3450241 — Agency Business Unit: DOH
Contractor Name: Ally Medical Care PC — Contract Number: C000057
Contract Start Date: 10/1/2017 — Contract End Date: 9/30/2022

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---|---|---|
| Medical Doctor | 1.00 | 624.00 | $103,920.00 |
| Medical Doctor | 1.00 | 624.00 | $103,920.00 |
| Medica Doctor | 1.00 | 624.00 | $103,920.00 |
| Medical Doctor | 1.00 | 624.00 | $103,920.00 |
| Medical Doctor | 1.00 | 624.00 | $103,920.00 |
| | 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 | 5.00 | 3,120.00 | $519,600.00 |
| **Grand Total** | 5.00 | 3,120.00 | $519,600.00 |

Name of person who prepared this report: 6
Title: Fiscal Officer — Phone #: 914-788-6178
Preparer's Signature: _____
Date Prepared: 08/2/17

(Use additional pages, if necessary)