

OSC Use Only:
 Reporting Code:
 Category Code: *CV6*
 Date Contract Approved:

FORM A

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

OPD01 - COSFL00092 - 3660235

State Agency Name: NYS OPWDD Western NY Contract Agency Code:
 HUB Office 51780/3660235
 Contractor Name: Total Healthcare of LI, Inc. Contract Number:
 COSFL00092
 Contract Start Date: 11/01/2016 Contract End Date: 12/31/2017

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
31-1012.00	<i>8</i>	325	5000.00
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report: Heather Grieser
 Title: Director of Fiscal Services Phone #: 516-409-9211
 Preparer's Signature: *H Grieser*
 Date Prepared: 11/17/117
 (Use additional pages, if necessary) Page