

OSC Use Only:  
 Reporting Code: *carB*  
 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: NYS OPWDD WNY Contract HUB      Agency Code: 51780/3660235  
 Contractor Name: Maxim of New York      Contract Number: COSFL00128  
 Contract Start Date: 01/01/2018      Contract End Date: 12/31/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
31-1012.00		1,867	\$42,933.90
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report:  
 Title: *Asst. Controller*  
 Preparer's Signature: *Leann Wilson*  
 Date Prepared: *11/13/17*

Phone #:

(Use additional pages, if necessary)

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