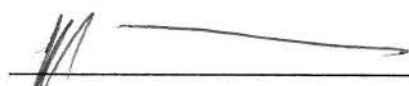


FORM A

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

State Agency Name: *office of child and family services*
 State Agency Department ID: *1100219990 3400000* Agency Business Unit: *CFS01 SD*
 Contractor Name: *24th Street Psychiatry P.C. SD* Contract Number: *C028408*
 Contract Start Date: *12/1/2018* Contract End Date: *11/30/2021*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Psychiatrist</i>	<i>1 0.00</i>	<i>1872</i> <i>0.00</i>	\$0.00
	0.00	<i>1872</i> <i>0.00</i>	<i>\$608,400</i> <i>\$0.00</i>
	0.00	<i>2664 SD</i> <i>0.00</i>	<i>\$865,800 SD</i> <i>\$0.00</i>
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	<i>1 0.00</i>	<i>1872 0.00</i>	<i>\$608,400.00</i> <i>\$0.00</i>
Grand Total	<i>1</i>	<i>1872-2664 SD</i>	<i>\$608,400.00</i> <i>\$865,800 SD</i>

Name of person who prepared this report: *Jeff Corbin MD*
 Title: *President*
 Preparer's Signature: 
 Date Prepared: *12/11/2018*
 Phone #: *(917) 606-1688*