

**FORM A**

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

*OPD01 - C0SCD00149 - 3660233*

State Agency Name: NYS OPWDD: Capital District DDSOO  
 State Agency Department ID: 3660233 Agency Business Unit: 51290  
 Contractor Name: The Nurse Connection Staffing, Inc. Contract Number: C0SCD00149  
 Contract Start Date: 6/1/2018 Contract End Date: 5/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	1.00	500.00	\$13,272.84
LPN	3.00	1,000.00	\$42,473.09
RN	4.00	1,250.00	\$69,018.77
RN Case Management	1.00	750.00	\$47,782.21
	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
<b>Total this Page</b>	9.00	3,500.00	\$172,546.91
<b>Grand Total</b>	9.00	3,500.00	\$172,546.91

Name of person who prepared this report: Christina Palumbo

Title: CMS I

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Preparer's Signature: 

Date Prepared: 4/23/2018