

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 OPWDD: Western NY DDSOO
 State Agency Department ID: 3660242 Agency Business Unit: 51330
 Contractor Name: Alumni Staffing LLC Contract Number: C0SWN00373
 Contract Start Date: 3/1/2021 Contract End Date: 2/28/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services	1.00	4,160.00	\$610,334.15
	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
	0.00	0.00	\$0.00
Total this Page	1.00	4,160.00	\$610,334.15
Grand Total	1.00	4,160.00	\$610,334.15

Name of person who prepared this report: Zachary Guida

Title: Contract Management Specialist 1

Preparer's Signature: 

Date Prepared: 3/4/2021

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