

OSC Use Only:
 Reporting Code:
 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 BRDDSOO	Agency Code: 51940/3660230
Contractor Name: New Hartford Psychiatric Services, PLLC	Contract Number: C0SBR00082
Contract Start Date: 11/01/2016	Contract End Date: 10/31/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
31-1012.00		960	\$ 1,634,152.00
Total this page	0	0	\$ 0.00
Grand Total		960	\$ 1,634,152.00

Name of person who prepared this report: _____
 Title: Psychiatrist Phone #: 315-768-4718
 Preparer's Signature:  _____
 Date Prepared: 05/09/2017
 (Use additional pages, if necessary)