

FORM A

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

OPD01 - C0SCD00142 - 3660233

State Agency Name: NYS OPWDD: Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: Health Source Group, Inc. Contract Number: C0SCD00142
 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	2.00	750.00	\$18,316.52
LPN	3.00	1,000.00	\$40,349.43
RN	3.00	1,250.00	\$69,018.77
RN Case Managment	4.00	1,500.00	\$87,600.74
	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	12.00	4,500.00	\$215,285.46
Grand Total	12.00	4,500.00	\$215,285.46

Name of person who prepared this report: Christina Palumbo

Title: CMS I

Preparer's Signature: 

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