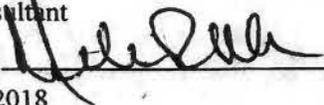


FORM A

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

State Agency Name: New York State Office for People With Developmental Disabilities
 State Agency Department ID: 3660243 Agency Business Unit: OPD01
 Contractor Name: Melanie Reeves Miller Contract Number: C0SC00003
 Contract Start Date: 05/01/2018 Contract End Date: 04/30/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1014	1.00	2,704.00	\$270,400.00
	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	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	2,704.00	\$270,400.00
Grand Total			

Name of person who prepared this report: Melanie Reeves Miller
 Title: Willowbrook Consultant Phone #: (615) 975-8310
 Preparer's Signature: 
 Date Prepared: 06/15/2018