

**FORM A**

New York State Consultant Services <b>Contractor's Planned Employment</b>  <b>Utica</b>  From Contract Start Date Through The End Of The Contract Term
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State Agency Name: <b>Office of Temporary and Disability Assistance</b>	
State Agency Department ID: 3050000	Agency Business Unit: OTDA01
Contractor Name: <b>Industrial Medicine Associates, PC</b>	Contract Number: <b>C021965</b>
Contract Start Date: <b>upon approval</b>	Contract End Date: <b>12/31/2021</b>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-9099.00	20	63,353.05	\$2,061,262.60
<b>Total this page</b>	20	63,353.05	\$2,061,262.60
<b>Grand Total</b>	20	63,353.05	\$2,061,262.60

Name of person who prepared this report: **Clifford Gibberman**  
 Title: **Director of Human Resources & Chief Compliance Officer** Phone #: **914.323.0313**

Preparer's Signature: \_\_\_\_\_ 

Date Prepared: **9.15.2017**