

DOH01-C033005-3450000

**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:	Agency Business Unit:
State Agency Department ID: 12000	Contract Number: C033005
Contractor Name: Nathan Levitt LLC	Contract End Date: 12/31/2019
Contract Start Date: 01/01/2019	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Consultant	1.00	1,040.00	\$57,200.00
	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
<b>Total this Page</b>	1.00	1,040.00	\$57,200.00
<b>Grand Total</b>			

Name of person who prepared this report: Ilene Kane  
 Title: AIDS Program Representative II  
 Preparer's Signature: *Ilene Kane* Phone #: 518-474-6753  
 Date Prepared: 06/13/2019