

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: **Office of the State Comptroller**
 State Agency Department ID: 3050000 Agency Business Unit: OSC01
 Contractor Name: Superior Medical Consultants, LLC Contract Number: C190003
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1063.00 Physicians and Surgeons. All other	1,250	1,000	\$1,250,000.00
11-1021.00 General and Operations Managers	10	5000	\$250,000
Total this page	0	0	\$ 1,500,000.00
Grand Total			\$ 1,500,000.00

Name of person who prepared this report: Kristen Ferraro

Title: Contract Management Specialist 2

Phone #: 518-474-7293

Preparer's Signature: 

Date Prepared: 05/28/2019

(Use additional pages, if necessary)