

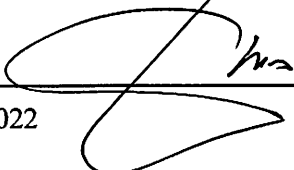
FORM A

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

|                                     |                               |
|-------------------------------------|-------------------------------|
| State Agency Name: OCFS             | Agency Business Unit: CFS01   |
| State Agency Department ID: 3400000 | Contract Number: S010246      |
| Contractor Name: Mark Cattalani, MD | Contract End Date: 05/31/2025 |
| Contract Start Date: 06/01/2022     |                               |

| Employment Category             | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------------|---------------------|------------------------------|-----------------------------------|
| Psychiatric Services 29-1223.00 | 1.00                | 3,024.00                     | \$1,194,480.00                    |
|                                 | 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                            |
| <b>Total this Page</b>          | 1.00                | 3,024.00                     | \$ 0.00                           |
| <b>Grand Total</b>              | 1.00                | 3,024.00                     | <del>\$0.00 (\$1.19)</del>        |

*\$1,194,480.00*

Name of person who prepared this report: Mark Cattalani, MD  
 Title: Sole Proprietor  
 Preparer's Signature:   
 Date Prepared: 05/16/2022

Phone #: 617-365-2817