

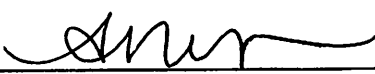
**FORM A**

**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:        |
| State Agency Department ID: 3400000 | Contract Number: S010247     |
| Contractor Name: Amy Bissada, DO    | Contract End Date: 5/31/2025 |
| Contract Start Date: 6/1/2022       |                              |

| Employment Category    | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|------------------------|---------------------|------------------------------|-----------------------------------|
| 29-1223.00             | 1.00                | 3,024.00                     | \$1,158,092.00                    |
|                        | 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 0.00                   | \$1,158,092.00                    |
| <b>Grand Total</b>     | 1.00                | 3,024 <del>6,048.0</del>     | <del>\$2,367,092.0</del>          |

\$1,158,092.00

Name of person who prepared this report: Amy Bissada  
 Title: psychiatrist  
 Preparer's Signature:   
 Date Prepared: 5/17/2022  
 Phone #: 8327460852