

**FORM A**

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

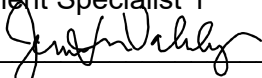
State Agency Name: OPWDD Finger Lakes DDSOO  
 State Agency Department ID: 3660235                      Agency Business Unit: OPD01  
 Contractor Name: ATC Healthcare Services, LLC            Contract Number: C0SFL00539  
 Contract Start Date: 01/01/2023                              Contract End Date: 12/31/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Patient Companions	0.00	5605	763,221.57
	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
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	0.00	5,605.00	\$763,221.57

Name of person who prepared this report: Jennifer Vallely

Phone #: 845-877-6821 ext, 3333

Title: Contract Management Specialist 1

Preparer's Signature: 

Date Prepared: 12/02/2022