

AC 3271-S (Effective 4/12)

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 Children & Family Services

Services State Agency Department ID: 3400000

Agency Business Unit: CFS01

Contractor Name: Health Source Group, Inc.

Contract Number: C029910

Contract Start Date: 09/01/2023

Contract End Date: 08/31/2028

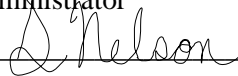
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurse Downstate 29-1141.00	50.00	2,850.00	\$257,982.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	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
Total this Page	50.00	2,850.00	\$257,982.00
Grand Total	50.00	2,850.00	257,982.00

Name of person who prepared this report: Danielle Nelson

Title: Executive Business Administrator

Phone #: 516-605-1310 x 210

Preparer's Signature: _____



Date Prepared: 07/28/2023

(Use additional pages, if necessary)

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