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: OCFS
State Agency Department ID: 3400000 — Agency Business Unit: CFS01
Contractor Name: Supplemental Health Care — Contract Number: C029912
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 Upstate 29-1141.00	4.00	9,250.00	$820,752.50
Registered Nurse Downstate 29-1141.00	3.00	2,850.00	$257,982.50
	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	7.00	11,856.00	$1,078,734.50
Grand Total	7.00	11,856.00	$1,078,734.50

Name of person who prepared this report: Dev Nicole
Title: Regional Business Development Director — Phone #: 214-716-0307
Preparer's Signature: Dev Nicole
Date Prepared: 11/7/2023

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