

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

Contractor Name: Aya Healthcare, Inc

Contract Start Date: 9/1/2023

Agency Business Unit: CFS01

Contract Number: C029914

Contract End Date: 8/31/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Downstate LMSW 21-1022.00	4.00	3,800.00	251750
	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
Total this Page	4.00	3,800.00	\$251,750.00
Grand Total	4.00	3,800.00	\$251,750.00

Name of person who prepared this report: Peter Kaufman

Title: EVP, Enterprise Services

Phone #: 866-687-7390

Preparer's Signature: 

Date Prepared: 8/14/2023

(Use additional pages, if necessary)

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