

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: Julie Y. Low PLLC

Contract Start Date: 7/1/224

Agency Business Unit: CFS01

Contract Number: C030356

Contract End Date: 6/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Mental Health Services 29.1223.00	1.00	3,024.00	\$1,209,600.00
	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	1.00	3,024.00	\$1,209,600.00
Grand Total	1.00	3,024.00	\$1,209,600.00

Name of person who prepared this report: Julie Y. Low, MD

Title: Psychiatrist

Phone #: 6463423090

Preparer's Signature: 

Date Prepared: 7/1/2024

(Use additional pages, if necessary)