

**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: AM Psychiatric Services PC

Contract Number: C030357

Contract Start Date: 07 /01 /2024

Contract End Date: 06/30/ 2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1.00	1,332.00	\$519,480.00
	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	1,332.00	\$519,480.00
<b>Grand Total</b>	<b>1.00</b>	<b>1,332.00</b>	<b>\$519,480.00</b>

Name of person who prepared this report: Askar Mehdi

Title: President

Phone #: 2017244909

Preparer's Signature: 

Date Prepared: 07/07/ 2024

(Use additional pages, if necessary)

Page of