

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: New York Department of Corrections & Community Supervision	
State Agency Department ID: 3250226	Agency Business Unit: DOC01
Contractor Name: Correctional Dialysis Services LLC	Contract Number: C161777
Contract Start Date: Upon OSC Approval	Contract End Date: 5 Years

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Full-Time	15.00	600.00	\$8,872,856.19
Independent Contractor	2.00	20.00	\$2,990,784.86
	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	17.00	620.00	\$ 0.00
Grand Total	17.00	620.00	\$11,863,641.05

Name of person who prepared this report: Clifton De Leon

Title: Contracts Manager

Phone #: 512-599-8022

Preparer's Signature: _____

Date Prepared: _____