

**OSC Use Only:**

Reporting Code:

Category Code:

Date Contract Approved:

**FORM A**

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health

Agency Code: 12000

Contractor Name: *Suffolk County DOM*Contract Number: *6038484*Contract Start Date: *9/30/2022*Contract End Date: *9/29/2027*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Inspector</i>	<i>3</i>	<i>3,963</i>	<i>271,594</i>
<i>Admin</i>	<i>1</i>	<i>1,321</i>	<i>95,476</i>
Total this page	<i>4</i>	<i>5,284</i>	<i>\$ 367,070</i>
Grand Total	<i>4</i>	<i>5,284</i>	<i>\$ 367,070</i>

Name of person who prepared this report:

Title: *ACCOUNTANT*Phone #: *631-854-014*Preparer's Signature: *[Signature]*Date Prepared: *5/8/24*

(Use additional pages, if necessary)

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