

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: HealthHelp

Contract Number: C039735

Contract Start Date: 03 /16/ 2024

Contract End Date: 03/15/2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1021.00	1	5,200	437,500.00
11-2022.00	1	3,466.67	303,333.00
11-9111.00	2	6,933.33	450,000.00
11-9199.00	1	3,466.67	150,000.00
29-1141.00	15	156,000	1,128,000.00
29-9121.00	3	15,600	1,456,000.00
43-1011.00	3	15,600	525,000.00
43-4051.00	50	260,000	3,733,867.00
Total this page	76	466,266.67	8,183,700.00
Grand Total	76	466,266.67	8,183,700.00

Name of person who prepared this report: Sanya Sinclair

Title: HR Business Partner

Phone #:281-582-1956

Preparer's Signature: 

Date Prepared: 3 /23/ 2024

(Use additional pages, if necessary)

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