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: New York County Health Services Review Organization Contract Number: C040486

Contract Start Date: 02/01/2025 Contract End Date: 01/31/2030

	Amount Payable
ees to be worked	Under the Contract
9,750.00	1,158,138.46
78,000.00	5,930,383.67
48,750.00	3,246,565.37
9,750.00	519,450.97
0	\$ 0.00
	\$10,854,538.470
	78,000.00 48,750.00

Name of person who prepared this report: Winnie Yuen

Title: Director/Finance Preparer's Signature: Wund Apre Phone #: 212-897-6059