

AC 3271-S (Effective 4/12)

FORM A

New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term
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State Agency Name: NYS Department of Health	
State Agency Department ID: DOH01	Agency Business Unit: NYSoH
Contractor Name: Crossfire Consulting Corp	Contract Number: PH68607
Contract Start Date: 5/11/2025	Contract End Date: 11/10/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	4,900.00	\$494,606.00
	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	4,900.00	\$494,606.00
Grand Total	1.00	4,900.00	\$494,606.00

Name of person who prepared this report: Colleen M. Williams

Title: Medicaid Program Manager

Phone #: 518-457-5188

Preparer's Signature: Colleen M. Williams

Date Prepared: 3/24/2025

(Use additional pages, if necessary)

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