

**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: NYS Department of Health	
State Agency Department ID: DOH01	Agency Business Unit: NYSoH
Contractor Name: GENESYS Consulting Services Inc	
Contract Start Date: 5/21/2025	Contract Number: PH68610
Contract End Date: 11/20/2027	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	5,000.00	\$466,800.00
	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	5,000.00	\$466,800.00
<b>Grand Total</b>	1.00	5,000.00	\$466,800.00

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: 3/27/2025