

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: New York State Office of Mental Health
 State Agency Department ID: 3650000 Agency Business Unit: OMH01
 Contractor Name: NY FOSS Contract Number: C202349
 Contract Start Date: 9/16/2024 Contract End Date: 9/15/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Health Care 11-9111.00	10.00	3,900.00	\$1,150,000.00
	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
	0.00	0.00	\$0.00
Total this Page	10.00	3,900.00	\$1,150,000.00
Grand Total	10.00	3,900.00	\$1,150,000.00

Name of person who prepared this report: John Toth

Title: Contract Management Specialist Trainee 1

Phone #: 518-549-1459

Preparer's Signature: John Toth

Date Prepared: 10/17/2024