

FORM A

New York State Consultant Services
Contractor's Planned Employment
 From Contract Start Date Through the End of the Contract Term

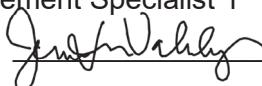
State Agency Name: OPWDD Broome DDSOO	Agency Business Unit: OPD01
State Agency Department ID: 3660230	Contract Number: C0SBR00732
Contractor Name: New Hartford Psychiatric Services, PLLC	Contract End Date: 08/31/2029
Contract Start Date: 09/01/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatrist 29-1223.00	1	2,080	\$773,010.17
	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	0.00	0.00	\$ 0.00
Grand Total	0.00	2,080	\$773,010.17

Name of person who prepared this report: Jennifer Vallely

Title: Contract Management Specialist 1

Phone #: 845-877-6821 ext, 3333

Preparer's Signature: 

Date Prepared: 6/25/2024