

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

State Agency Name: NYS OPWDD: Western NY DDSOO
 State Agency Department ID: 3660242 Agency Business Unit: 51330
 Contractor Name: Adelphi Medical Staffing, LLC Contract Number: C0SWN00726
 Contract Start Date: 06/01/2024 Contract End Date: 05/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services		10,400.00	\$1,877,310.43
	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	10,400.00	\$1,877,310.43
Grand Total		10,400.00	\$1,877,310.43

Name of person who prepared this report: Heather Frantz

Phone #: 845-877-6821 ext.
3323

Title: Contract Management Specialist 1

Preparer's Signature: Heather Frantz

Date Prepared: 7/11/2023

(Use additional pages, if necessary)

Page 1 of 1