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: OCFS
State Agency Department ID: 3400000 | Agency Business Unit: CFS01
Contractor Name: Camilla L. Lyons, MD | Contract Number: S010297
Contract Start Date: 07/01/2025 | Contract End Date: 06/30/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Camilla Lyons (psychiatrist)	1.00	1,584.00	$632,016.00
29-1223.00	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	1,584.00	$632,016.00
Grand Total	1.00	1,584.00	$632,016.00

Name of person who prepared this report: Camilla Lyons
Title: Owner | Phone #: 203-202-2551
Preparer's Signature: Camilla Lyons MD
Date Prepared: 07/10/2025

(Use additional pages, if necessary)