

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: DOC	Agency Business Unit: DOC01
State Agency Department ID: 3250226	Contract Number: OC0002844
Contractor Name: AYA HEALTHCARE INC	Contract End Date: 11/5/2025
Contract Start Date: 11/05/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1141.00 Registered Nurses Reg	6.00	12,480.00	\$1,248,000.00
29-1141.00 Registered Nurses OT	6.00	4,680.00	\$702,000.00
	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
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	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	6.00	17,160.00	\$1,950,000.00
Grand Total	6.00	17,160.00	\$1,950,000.00

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Title: Assoc. Budget Analysis

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Preparer's Signature: 

Date Prepared: 04/28/2025

Form A Hours Table		Page 2 of 2	
Number of Full Time Nurses	Full Time Hours	Full Time Weeks	Total Hours
6	40	52	12480
Total Hours Full Time	Regular Time Rate	Total Amount Regular Time	
12480	\$100.00	\$1,248,000.00	
OT/Holiday Nurses	OT Hours	OT Potential Weeks	Total OT/Holiday Hours
6	Avg 15 Hours per nurse	52	4,680.00
Total OT/Holiday Hours	OT/Holiday Time Rate	Total Amount OT/Holiday Time	
4,680.00	\$150.00	\$702,000.00	