

**FORM A**

<p><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: OPWDD	Agency Business Unit: OPD01
State Agency Department ID: 3660231	Contract Number: C0SBF00870
Contractor Name: Elite Pharmacy Consulting Services, Inc	Contract End Date: 9/30/2030
Contract Start Date: 10/1/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Consulting Pharmacist			\$102,333.62
	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	\$ 102,333.62
<b>Grand Total</b>	0.00		\$102,333.62

Name of person who prepared this report: Jennifer Valley

Phone #: 845-877-6821 ext, 3333

Title: Contract Management Specialist 1

Preparer's Signature: Jennifer Valley

Date Prepared: 7/22/2025