

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: Finger Lakes DDSOO
 State Agency Department ID: 3660235 Agency Business Unit: 51780
 Contractor Name: Joseph A. DePra, Physician, PLLC Contract Number: C0SFL00847
 Contract Start Date: 07/01/2025 Contract End Date: 06/30/2030

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Medical Services	1.00	1,976.00	\$1,232,675.14
	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	1.00	1,976.00	\$1,232,675.14
Grand Total		1,976	\$1,232,675.14

Name of person who prepared this report: Heather Frantz

Phone #: 845-877-6821 ext. 3323

Title: Contract Management Specialist 1

Preparer's Signature:  _____

Date Prepared: 03/14/2025