

**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  
 Contractor Name: Mark Cattalani  
 Contract Start Date: 2/1/17<sup>SD</sup>  
 Agency Business Unit:  
 Contract Number: 5010192<sup>SD</sup>  
 Contract End Date: 12/31/21<sup>SD</sup>

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatrists - 29-1066.00	1.00	3120	<del>64,560</del> \$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	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<b>1</b>	<b>3120</b>	<del>64,560</del> <b>925,990</b> <sup>SD</sup>

Name of person who prepared this report: Mark Cattalani  
 Title: MD

Phone #: 617-365-2817

Preparer's Signature:   
 Date Prepared: 9/16/16