

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: Corrections and Community Supervision
 State Agency Department ID: 3250226 Agency Business Unit: DOC01
 Contractor Name: Cell Staff, LLC Contract Number: CC161370
 Contract Start Date: 6/1/2016 Contract End Date: 3/31/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1141.00, Registered Nurses	10.00	53,454.00	\$3,463,843.50
	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	10.00	53,454.00	\$3,463,843.50
Grand Total	10.00	53,454.00	\$3,463,843.50

Name of person who prepared this report: Grant Hargis

Title: Director of Operations

Phone #: 855-561-1715

Preparer's Signature: 

Date Prepared: 04/11/2016