

OSC Use Only:

Reporting Code:

Category Code: CUG

Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

OPD01 - C0SFL00091-3660235

State Agency Name: NYS OPWDD Western NY Contract
HUB Office

Agency Code:

51780/3660235

Contractor Name: Medical Solutions, Inc.

Contract Number:

C0SFL00091

Contract Start Date: 11/01/2016

Contract End Date: 12/31/2017

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
31-1012.00	30	16000	395,363.00
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report: Derek Zimmer

Title: Vice President

Phone #: (585) 269-1864

Preparer's Signature: *[Signature]*

Date Prepared: 11/16/17

(Use additional pages, if necessary)

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