

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 OCFS
State Agency Department ID: 3400000^{SD}
Contractor Name: David Garrison
Contract Start Date: 10/1/2018
Agency Business Unit: CPS01^{SD}
Contract Number: 5010204^{SD}
Contract End Date: 9/30/19^{SD}

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
David Garrison / Psych Services	1 ^{SD} 0.00	624 0.00	243,360-\$0.00
	0.00	888 ^{SD} 0.00	\$346,320 ^{SD} \$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
Grand Total	1 ^{SD}	624-888 ^{SD}	243,360 - \$346,320 ^{SD}

Name of person who prepared this report:

\$346,320^{SD}