OSC Use Only: Reporting Code: Category Code: Date Contract Approved:

## FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

| State Agency Name: NYS Department of Health | Agency Code: 12000            |  |
|---|-------------------------------|--|
| Contractor Name:                            | Contract Number: C035872      |  |
| Contract Start Date: 03/01/2020             | Contract End Date: 02/28/2021 |  |

| Employment Category | Number of<br>Employees | Number of hours<br>to be worked | Amount Payable<br>Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| Project Manager     | 1                      | 272                             | \$ 47,477.60                         |
| IV&V Specialist     | 1                      | 1,560                           | \$ 258,866.40                        |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
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|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
| Total this page     | 2                      | 1,832                           | \$ 306,344.00                        |
| Grand Total         | 2                      | 1,832                           | \$ 306,344.00                        |

feel miller

Name of person who prepared this report: Janet Miller

Title: Senior Contracts Administrator

Preparer's Signature:

Date Prepared: 9/28/2020

(Use additional pages, if necessary)

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