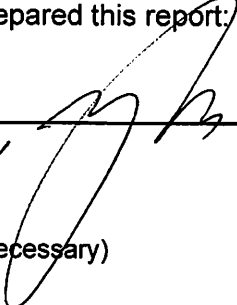


**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS OPWDD: Broome DDSOO  
 State Agency Department ID: 3660230 Agency Business Unit: 51940  
 Contractor Name: New Hartford Psychiatric Services PLLC Contract Number: C0SBR00407  
 Contract Start Date: 11/1/2021 Contract End Date: 10/31/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1171-00	5	12,392	3,642,075.81
29-1223.00	<del>1</del> 0.00	<del>88</del> 0.00	<del>\$24,200</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
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	6.00	12,480.00	\$3,666,276.81

Name of person who prepared this report:  
 Title: CEO  
 Preparer's Signature:   
 Date Prepared: 8/10/21

Phone #: 301 467 6997  
 Office 315 768 7181