

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 Hudson Valley DDSOO
 State Agency Department ID: 3660236 Agency Business Unit: 51450
 Contractor Name: United Staffing Solutions Inc. Contract Number: C0SHV00571
 Contract Start Date: 5/1/2023 Contract End Date: 4/30/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
624120	0.00	1,520.00	\$49,852.81
	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	1,520.00	\$49,852.81
Grand Total	0.00	1,520.00	\$49,852.81

Name of person who prepared this report: Kyle Newton

Title: CMS, 1

Phone #: 845-877-6821x3219

Preparer's Signature:  _____

Date Prepared: 12/30/2022