

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: Western NY DDSOO
 State Agency Department ID: 3660242 Agency Business Unit: 51330
 Contractor Name: Ewen M. Macpherson M.D. Contract Number: S0SWN00493
 Contract Start Date: 6/1/2022 Contract End Date: 5/31/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services	1.00	960.00	\$192,657.92
	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	0.00	\$0.00
Total this Page	1.00	960.00	\$192,657.92
Grand Total	1.00	960.00	\$192,657.92

Name of person who prepared this report: Shannon Collings

Phone #: 845-877-6821 ext. 3281

Title: Contract Management Specialist 2

Preparer's Signature:  _____

Date Prepared: 4/12/2022