

ATTACHMENT H

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

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: OMH- Bronx Psychiatric Center	Agency Code: 3650201
Contractor Name: <i>HORIZON HEALTHCARE STAFFING</i>	Contract Number: C00170
Contract Start Date: <i>04/01/14</i>	Contract End Date: <i>03/31/19</i>

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Physical Therapy</i>	<i>1</i>	<i>20</i>	<i>\$ 319,800.00 (4/1/14 - 3/31/19)</i>
Total this page			
Grand Total	<i>1</i>	<i>20</i>	<i>\$ 319,800.00</i>

Name of person who prepared this report: *FERN GINDER*
 Title: *VICE-PRESIDENT* Phone #: *516-326-2020*
 Preparer's Signature: *Fern Ginder OTR/L*
 Date Prepared: *1/22/14*
 (Use additional pages, if necessary) Page of

1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)