

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: **Broome DDSOO/OPWDD** Agency Code: **3660230**
 Contractor Name: **New Hartford Psychiatric Services** Contract Number: **C360459**
 Contract Start Date: **4/01/2014** Contract End Date: **3/31/2016 then a two
 year and a one year renewal are available**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1199.03 Nurse Practitioner	1	Up to 832	Up to \$208,000.00
Total this page			
Grand Total	1	Up to 832	Up to \$208,000.00

Name of person who prepared this report: Marcellus R. Cephas MD
 Title: Medical Director/CEO Phone #: 301-467-6987
 Preparer's Signature: _____
 Date Prepared: 3/17/14
 (Use additional pages, if necessary)