

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: *OPWDD* Agency Code: *51000*
 Contractor Name: *Costello Sr - Allen Optometrists PLLC* Contract Number: *C 461882*
 Contract Start Date: *4/1/14* Contract End Date: *3/31/15*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>29-1041.00</i>	<i>3</i>		<i>425 / visit</i>
Total this page	<i>0</i>	<i>0</i>	<i>\$ 0.00</i>
Grand Total	<i>3</i>		<i>10,200.00</i>

Name of person who prepared this report: *MATTHEW C. ALLEN MD*
 Title: *owner*
 Preparer's Signature: *[Signature]* Phone #: *315-3634942*
 Date Prepared: *4/27/14*
 (Use additional pages, if necessary) Page of