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: NYS Department of Health<br/>Contractor Name: Transitional Services for New York, Inc.Agency Code: 12000 3456000<br/>Contract Number: C031402Contract Start Date: 03/01/2016Contract End Date: 07/23/2018

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Mental Health Counselor	5	7,972	\$284,700
Social and Community Service Manager	2	1,638	\$67,500
Administrative Assistant	1	910	\$15,000
Registered Nurse	1	455	\$17,500
Social & Human Services Assistant	1	455	\$8,750
Chief Executives	1	182	\$15,100
		100 C	
Total this page	10	11,612	\$408,550.00
Grand Total	10	11,612	\$408,550.00

Name of person who prepared this report: Daniel Donoghue

Title: COO

Preparer's Signature

Date Prepared: 04/12/2016

(Use additional pages, if necessary)

Phone #: (718) 746-6647

Page 1 of 1