OSC Use Only: Reporting Code: V~Z-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 Contractor Name: GH, LLC Contract Start Date: 7/1/2016

Agency Code: 12000 3450000 Contract Number: C031761 Contract End Date: 12/27/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1021	1	6425	\$247,120.00
15-1131	3	19,275	\$648,690.00
43-9081	16.9	84,941	\$1,723,330.00
27-3091	22	110,424	\$2,739,361.00
43-9021	45.6	229,342	\$3,991,430.00
27-1024	6.8	33,958	\$734,417.00
51-5113	8.4	42,471	\$713,834.00
15-1199	1	6425	\$185,340.00
51-1011	1	6425	\$139,005.00
Total this page	105.6	539,686	\$ 11,122,527.00
Grand Total	105.6	539,686	\$11,122,527.00

Name of person who prepared this report: Reid Schmidt

Title: General Manager

Preparer's Signature:

Date Prepared: 5/26/2016

(Use additional pages, if necessary)

Phone #: 765-775-3776

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