

FORM A

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: OPWDD	Agency Business Unit: OPD01
State Agency Department ID: 3660243	Contract Number: CLCO012
Contractor Name: NYSACRA	Contract End Date: 08/31/2019
Contract Start Date: 09/01/2016	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1021.00	1.00	6,240.00	\$240,000.00
11-3131.00	7.00	12,672.00	\$742,500.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	<b>8.00</b>	<b>18,912.00</b>	<b>\$982,500.00</b>
<b>Grand Total</b>			

Name of person who prepared this report: Kirsten Sanchirico

Title: Director of Workforce Initiatives

Phone #: 518-449-7551

Preparer's Signature:

Date Prepared: 01/09/2017