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 State Agency Department ID: 3660243 Contractor Name: Janet M. Cummins Contract Start Date: 1/1/2017

Agency Business Unit: OPD01 Contract Number: S0SCO0001 Contract End Date: 12/31/2017

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Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Contract / Consultant	1.00	1,100.00	\$135,200.00
	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
Total this Page	1.00	1,100.00	\$135,200.00
Grand Total	1.00	1,100.00	\$135,200.00

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Name of person who prepared this report: Janet Cummins

Title: Contractor Preparer's Signature: Phone #: 716-909-1231

Date Prepared: 2//2/2017

(Use additional pages, if necessary)

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