FORM A

OSC Use Only: Reporting Code: CSC Category Code: Date Contract Approved:

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name:			Agency Code: 01490	
	Health Reseach.	toc.	Contract Number: (00215	7
Contract Start Date:	10/01/2017	Contract End Date:	9/30/2019	

	Number of	Number of hours	Amount Payable
Employment Category	Employees	to be worked	Under the Contract
OHSM LIAISON to OHEP	1	344	36-596
Research Scientist 11	1	3444	207,308
Program Analyst 11	1	1261	106,343
Diretor, Health Infamatics	1	689	67,283
Learning Mynt fraining	1	344	19,659
Spec			OUR VIII
Research Scientist 1/1	(3444	245,194
No. 10, and a set	1		(78283
Total this page	6		1766 2503
Grand Total	6		6101282
Name of person who prepared this	Michae	A- SAgling	i
report:	1.110 00		#: (518) 431-1265
Title: Director, Sporso	ne trogram	S Phone 7	F (218) 13/1263
Preparer's	C/		
Signature:	\times		
Date	0 C		
Prepared:			Dago of

(Use additional pages, if necessary)

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