

**FORM A**

New York State Consultant Services <b>Contractor's Planned Employment</b> From Contract Start Date Through The End Of The Contract Term
-----------------------------------------------------------------------------------------------------------------------------------------------

State Agency Name: <b>Department of Corrections and Community Supervision</b>	
State Agency Department ID: 3250226	Agency Business Unit: DOC01
Contractor Name: Montefiore Mount Vernon Hospital	Contract Number: C161342
Contract Start Date: 1/1/2014	Contract End Date: 8/31/2018

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Given the nature of the services Montefiore Mount Vernon Hospital provides, we cannot provide the information in the form requested.			
<b>Total this page</b>	0	0	\$ 0.00
<b>Grand Total</b>			

Name of person who prepared this report:

Title: VP / Executive Director

Phone #:

Preparer's Signature: *Jamil Kwon*

Date Prepared: 11/10/2016

(Use additional pages, if necessary)