OSC Use Only: Reporting Code: 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
 Agency Code: 12000

 Contractor Name: Kaleida Health/Women & Children's Hospital of
 Contract Number: C#032308

 Buffalo
 Contract Start Date: 01/01/2017

 Contract End Date: 12/31/2021
 Contract End Date: 12/31/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract	
Coordinator (O*Net Category: Community Health Worker)	1	9,750	\$353,852.49	
Medical Director (O*Net Category: Pediatrician)	1	1,040	\$129,865.00	
Subcontractor Coordinator (O*Net Category: Community Health Worker)	1	7,802	\$304,204.00	
Subcontractor Medical Director (O*Net Category: Pediatrician)	1	1,553	\$184,214.00	
				-
Total this page	4	20,145	\$972,135.49	
Grand Total	4	20,145	\$972,135.49	

Name of person who prepared this report: Stephanie Kellner

Title: Coordinator

Preparer's Signature: Hephanic Kellne Date Prepared: 05/12/2017

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(Use additional pages, if necessary)

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