OSC Use Only:
Reporting Code: CUG
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 OPWDD WNY Contract HUB
Agency Code: 51780/3660235
Contractor Name: Total Healthcare of L.I., Inc.
Contract Number: C0SFL00122
Contract Start Date: 01/01/2018
Contract End Date: 12/31/2022

0 8 0 0 1

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
31-1012.00		34,737	$ 545,952.81
Total this page	0	0	$ 0.00
Grand Total			

Name of person who prepared this report: Heather Gricar
Title: Director of Fiscal Services
Phone #: 516-409-9211
Preparer's Signature: H Gricar
Date Prepared: 10/19/17

(Use additional pages, if necessary)