OSC Use Only:
Reporting Code: CUB
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 Western NY Contract HUB Office
Agency Code: 51780/3660235
Contractor Name: Nurse Connection Staffing, Inc.
Contract Number: C0SFL00133
Contract Start Date: 01/01/2018
Contract End Date: 12/31/2022

01004

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
31-1012.00		14,309	$300,481.69
Total this page	0	0	$ 0.00
Grand Total			

Name of person who prepared this report: Charles J. Hankin
Title: Regional Manager
Phone #: 518-459-6612 x144
Preparer's Signature:
Date Prepared: 11/20/2017

(Use additional pages, if necessary)