OPDØ1-SØSCOØØ02-3660243

AC 3271-S (Effective 4/12)

FORM A

Reporting Code: CB Method of Award: G-1

## New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: Office for People With Developmental Disabilities

State Agency Department ID: 3660243

Agency Business Unit: OPD01

Contractor Name: Melanie Reeves Miller

Contract Number: S0SC00002

Contract Start Date: 05/01/2017

Contract End Date: 04/30/2018

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-9111.00 Medical and Health Services Managers	1 mg 0.00	1,352.00	\$135,200.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	1,352.00	\$135,200.00
Grand Total		1,352.00	\$135,200.00

Name of person who prepared this report: Melanie Reeves Miller

Title: Willowbrook Consultant

Phone #: 615-975-8310

Preparer's Signature:

Date Prepared: 5/29/2017

(Use additional pages, if necessary)

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