

OPD 01 - S0SSU00100 - 3660240

FORM A

CUG

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS OPWDD: Sunmount DDSOO
 State Agency Department ID: 3660240 Agency Business Unit: 51420
 Contractor Name: Pamela A. McDonald Contract Number: S0SSU00100
 Contract Start Date: 03/01/2018 Contract End Date: 02/28/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Speech Language Pathologist	1.00	4,000.00	\$212,365.44
	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	1.00	4,000.00	\$212,365.44
Grand Total	1.00	4,000.00	\$212,365.44

Name of person who prepared this report: Robin Kuinlan
 Title: Office Assistant II
 Preparer's Signature: 
 Date Prepared: 12/1/2017
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