

OSC Use Only:

Reporting Code: *MA*

Category Code:

Date Contract Approved:

FORM A *SNY01-C318439-3320218*

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: *SUNY Downstate Medical Center* Agency Code: *3320218*
 Contractor Name: *Priority one Ambulance* Contract Number:
 Contract Start Date: *9/15/17* Contract End Date: *9/17/18*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>29-2041.00</i>	<i>40</i>	<i>8,320</i>	<i>\$145,000.00</i>
<i>Emergency Medical Technicians Paramedics</i>			
Total this page	0	0	<i>\$145,000.00</i> <i>\$0.00</i>
Grand Total			

Name of person who prepared this report:

Title: *President*
 Preparer's Signature: *A. Alifan*

Phone #: *7183178911*

Date Prepared: *7/18/17*

(Use additional pages, if necessary)