FORM A

New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS

State Agency Department ID: 3400000 Contractor Name: Nursefinders, LLC Contract Start Date: 07/01/2018 Agency Business Unit: CFS01 Contract Number: C026923 Contract End Date: 10/31/2018

CFS01- C026923- 3400000

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Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurses	3.00	720.00	\$39,600.00
	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	3.00	720.00	\$ 0.00
Grand Total	3.00	720.00	39,600.00

Name of person who prepared this report: Mais

Title: Branch Director

Phone #: 518-458-2778

Date Prepared: 06/28/2018

Preparer's Signature: _

(Use additional pages, if necessary)