OSC Use Only: Reporting Code: CUG 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 Department of Health	Agency Code: 12000	
Contractor Name: A. Mandatory Inc	Contract Number: C033580	
Contract Start Date: 5/1/2018	Contract End Date: 113012020	

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-111.00	2	948	162,400
	6		
Total this page	0	0	\$ -0:00 162, 400
Grand Total	2	968	\$ -0.00 162,400 162,400

Name of person who prepared this report: AMANDA NORTOW

Title: Owner

Phone #: 315-529-1094

Preparer's Signature: amanda

Date Prepared: /0/4/2018

(Use additional pages, if necessary)

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