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: Total Healthcare Staffing of LI,

Inc.

Contract Number: C0SSU00110

Contract Start Date: 10/1/2018

Contract End Date: 9/30/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Speech Language Pathologist	2.00	10,600.00	\$827,269.51
	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	2.00	10,600.00	\$827,269.51
Grand Total	2.00	10,600.00	\$827,269.51

Name of person who prepared this report. Christina Palumbo

Title: CMS 1

Preparer's Signature:

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Date Prepared: 8/8/1) §