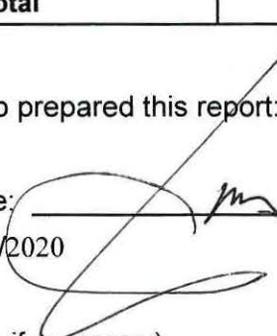


FORM A

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

State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: S010230
Contractor Name: Mark Cattalani	Contract End Date: 11/30/2023
Contract Start Date: 12/1/2020	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric consultation <i>29-1223,00^{SD}</i>	1.00	1,332.00	\$392,940^{SD} \$3,929,404.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	1,332.00	\$392,940^{SD} \$3,929,404.00
Grand Total	1.00	1,332.00	\$392,940^{SD} \$0.00 (\$3,929,404.00)

Name of person who prepared this report: Mark Cattalani
 Title: MD
 Preparer's Signature: 
 Date Prepared: 12/7/2020
 Phone #: 617-365-2817