

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: NYS Office for People With Developmental Disabilities
 State Agency Department ID: 3660243 Agency Business Unit: OPD01
 Contractor Name: Melanie Reeves Miller Contract Number: S0SC00009
 Contract Start Date: 05/01/2020 Contract End Date: 04/30/2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1014	1 1	2,704	\$270,400.00
Total this Page	1	2,704	\$270,400.00
Grand Total	1	2,704	\$270,400.00

Name of person who prepared this report:
 Title:
 Preparer's Signature: *Melanie Reeves Miller*
 Date Prepared: 4/27/20

State of TN County of Williamson, on 27 April 2020
 I, Melanie Miller, appeared before me a Notary Public.
[Signature]

(Use additional pages, if necessary)

