


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: S010240
Contractor Name: Mark Cattalani	Contract End Date: 12/31/2024
Contract Start Date: 01/01/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services <i>29-1223.00</i>	1.00	<i>3,024</i> 2,232.00	\$667,368.00
	0.00	0.00	\$904,176 <i>\$0.00</i>
	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	<i>3,024</i> 2,232.00	\$904,176 <i>\$ 0.00</i>
Grand Total	1.00	<i>3,024</i> 2,232.00	\$904,176 <i>\$667,368</i>

Name of person who prepared this report: Mark Cattalani
 Title: Sole Proprietor
 Preparer's Signature: 
 Date Prepared: 12/21/2021
 Phone #: 617-365-2817