

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 OPWDD: Broome DDSOO
 State Agency Department ID: 3660230 Agency Business Unit: 51940
 Contractor Name: Auguste Duplan MD PLLC Contract Number: C0SBR00406
 Contract Start Date: 11/1/2021 Contract End Date: 10/31/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1.00	1,040.00	\$386,505.09
	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	1,040.00	\$386,505.09
Grand Total	1.00	1,040.00	\$386,505.09

Name of person who prepared this report:

Title:

Preparer's Signature: *AUGUSTE L. DUPLAN* Phone #: *MTA*

Date Prepared: *8/24/2021*

(Use additional pages, if necessary)