## **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

Contractor Name: Dominion Temp Services Inc

Contract Start Date: 12/01/2022

Agency Business Unit: 51940 Contract Number: C0SBR00531 Contract End Date: 11/30/2027

| Employment Category        | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|----------------------------|------------------------|---------------------------------|--------------------------------------|
| Patient Companion Services |                        | 521.00                          | \$80,762.01                          |
|                            | 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            | 0.00                   | 521.00                          | \$80,762.01                          |
| Grand Total                |                        | 521                             | \$80,762.01                          |

Zaley Suils

| Name of person who | prepared this | report: Zachary | Guida |
|--------------------|---------------|-----------------|-------|
|--------------------|---------------|-----------------|-------|

Title: Contract Management Specialist 1

Preparer's Signature: \_

Date Prepared: 11/1/2022

Phone #: 845-877-6821 ext.

3182