

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: Ronnie Cohn Contract Number: S0SCO0006
 Contract Start Date: 04/01/2019 Contract End Date: 03/31/2021

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1014	1	3,120	\$312,000.00
Total this Page		3,120	\$ 312,000.00
Grand Total		3,120	\$ 312,000.00

Name of person who prepared this report:

Title: *Independent Evaluator*

Phone #: *914-649-1856*

Preparer's Signature: *Ronnie Cohn*

Date Prepared: *5/31/2019*