

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: Monica Ennis Contract Number: S0SC00007
 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
Nursing Consultant 21-1014	self (1)	1200	\$78,000.
Total this Page	1	1200	
Grand Total	1	1200	\$78,000. ⁰⁰ / ₁₀₀

Name of person who prepared this report: Monica M. Ennis
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