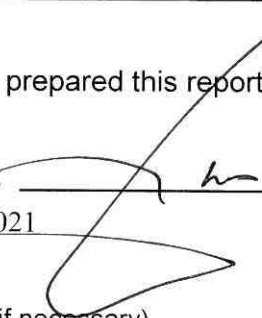


**FORM A**

**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: S010236
Contractor Name: Mark Cattalani, MD	Contract End Date: 6/30/2024
Contract Start Date: 7/1/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00 - psychiatrist	1.00	1,332 <sup>SD</sup> <del>936.00</del>	\$386,280 <sup>SD</sup> <del>\$271,440.00</del>
	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
	0.00	0.00	\$0.00
<b>Total this Page</b>	1.00	1,332 <sup>SD</sup> <del>936.00</del>	\$386,280 <sup>SD</sup> <del>\$271,440.00</del>
<b>Grand Total</b>	1.00	1,332 <sup>SD</sup> <del>936.00</del>	\$386,280 <sup>SD</sup> <del>\$271,440.00</del>

Name of person who prepared this report: Mark Cattalani, MD  
 Title: Sole Proprietor  
 Preparer's Signature:   
 Date Prepared: 7/6/2021  
 Phone #: 617-365-2817