

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:
 State Agency Department ID: Agency Business Unit:
 Contractor Name: Dynamic Therapies, LLC Contract Number:
 Contract Start Date: 9/1/2023 Contract End Date: 8/25/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Special Education Teacher	1.00	1,380.00	\$75,000.00
	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
Total this Page	1.00	1,380.00	\$75,000.00
Grand Total		13,800.00	\$75,000.00

Name of person who prepared this report: Deanna Lino

Title: Owner/Operator

Phone #: 516-605-7134

Preparer's Signature: 

Date Prepared: 4/3/2023