

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: C030019
Contractor Name: Dauria Psychiatry PLLC	Contract End Date: 2/28/2027
Contract Start Date: 3/1/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1.00	2,664.00	\$1,054,944.00
	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	2,664.00	\$1,054,944.00
Grand Total		(up to 888 hrs/yr)	\$396/hr

Name of person who prepared this report: Colin Dauria, MD

Title: MD

Phone #: 607-288-3522

Preparer's Signature: 

Date Prepared: 12/15/2023

(Use additional pages, if necessary)