

AC 3271-S (Effective 4/12)

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
State Agency Department ID: 3400000
Contractor Name: *the State Psychiatric Institute, PLLC*
Contract Start Date: *8/1/23*
Agency Business Unit: CFS01
Contract Number: C10237A
Contract End Date: *6/30/24*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Psychiatry</i>	1.00	<i>2,118.59</i>	<i>612,272.51</i>
<i>29-1223.00</i>	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	0.00	\$ 0.00
Grand Total	<i>1.0</i>	<i>2,118.59</i>	<i>612,272.51</i>

Name of person who prepared this report: *Wanda Cappelloni*
Title: *Sole member, PLLC*
Preparer's Signature: *[Signature]*
Date Prepared: *8/29/23*
Phone #: *617-365-2817*