

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: *One State Psychiatry, PLLC*  
 Contract Start Date: *8/1/23*  
 Agency Business Unit: CFS01  
 Contract Number: C10240A (*C. Talsmy*)  
 Contract End Date: *5/31/25*


Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<del>Psychiatry</del>	1.00	<del>2348</del> 0.00	<del>927,460.00</del>
<i>Psychiatry</i>	<i>1.00</i>	<i>2796.31</i> 0.00	<i>\$36,108.65</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
	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
<del>Grand Total</del>	<del>1.00</del>	<del>2348</del>	<del>927,460.00</del>

*Total*                      *1.00*                      *2796.35*                      *836,108.65*

Name of person who prepared this report:

Title: *Sole Member, PLLC*

Phone #:

Preparer's Signature: 

Date Prepared: *8/29/23*

(Use additional pages, if necessary)