

**OSC Use Only:**

Reporting Code:

Category Code:

Date Contract Approved:

**FORM A**

State Consultant Services - Contractor's Planned Employment  
From Contract Start Date Through The End Of The Contract Term


State Agency Name: NYS Department of Health Agency Code: 12000  
Contractor Name: NYS Dispute Resolution Association Contract Number: C038848  
Contract Start Date: 01/01/2024 Contract End Date: 12/31/2028

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1011.00	1	1462.50	67,500.00
11-1021.00	1	1462.50	45,000.00
11-9199.00	1	2925	75,000.00
Fringe Costs			25,000.00
Insurance			5,000.00
Dues & Subscriptions			0
Office Supplies			800.00
Staff Training			5,700.00
Telephone			850.00
Advertising			1,000.00
Rent			12,000.00
Printing			575.00
Contractual Services			12,000.00
Indirect Costs			30,000.00
Case-Related Fees			70,000.00
Staff Travel			500.00
Interpretive Services			6,000.00
Outreach Services			1,400.00
Fees to Neutrals			16,675.00
Total this page	0	0	\$375,000.00
Grand Total	3	5,850	\$375,000.00

Name of person who prepared this report: Theresa Hobbs

Title: Executive Director

Phone #: 518-687-2240

Preparer's Signature: 

Date Prepared: 09/07/2023

(Use additional pages, if necessary)

Page 1 of 1