

**FORM A**

<p><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: NYS Department of Health		Agency Business Unit: NYSoH
State Agency Department ID: DOH01		
Contractor Name: MVP Consulting Plus Inc	Contract Number: 05-12968	
Contract Start Date: 10/02/2023	Contract End Date: 04/2/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1253.00	1.00	4,800.00	\$396,720.00
	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	4,800.00	\$396,720.00
<b>Grand Total</b>	1.00	4,800.00	\$396,720.00

Name of person who prepared this report: Colleen M. Williams  
 Title: Medicaid Program Manager Phone #: 518-457-5188  
 Preparer's Signature: Colleen M. Williams  
 Date Prepared: 09/21/2023