

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: Office of Mental Health	Agency Business Unit: OMH01
State Agency Department ID: 3650028	Contract Number: PH68912
Contractor Name: GREYCELL LABS INC	Contract End Date: 12/14/2025
Contract Start Date: 06/15/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.08	1.0	5200	\$400,608.00
	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	5,200.00	\$400,608.00
Grand Total			\$400,608.00

Name of person who prepared this report: Jeffrey Petersen
 Title: Contract Management Specialist 1 Phone #: 518-549-1525
 Preparer's Signature: Jeffrey Petersen
 Date Prepared: 06/07/2023