

**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: 3650000	Contract Number: PH68912
Contractor Name: GREYCELL LABS INC	Contract End Date: 02/20/2026
Contract Start Date: 08/21/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1211.00	1.00	5,200.00	\$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
	0.00	0.00	\$0.00
<b>Total this Page</b>	1.00	5,200.00	\$400,608.00
<b>Grand Total</b>	1.0	5,200.00	\$400,608.00

Name of person who prepared this report: Jeffrey Petersen  
 Title: Contract Management Specialist Phone #: 518-549-1525  
 Preparer's Signature: Jeffrey Petersen  
 Date Prepared: 8/02/2023