

**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: NYS OPWDD Capital District DDSOO  
 State Agency Department ID: 3660233 Agency Business Unit: 51290  
 Contractor Name: Health Source Group, Inc. Contract Number: C0SCD00615  
 Contract Start Date: 06/01/2023 Contract End Date: 05/31/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
624120	0.00	3,395.00	\$111,688.63
	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	0.00	3,555.00	\$111,688.63
<b>Grand Total</b>	0.00	3,395.00	\$111,688.63

Name of person who prepared this report: Keith Ryer

Title: CMS 1

Phone #: 845-877-6821x3321

Preparer's Signature:  \_\_\_\_\_

Date Prepared: 05/22/2023