

AC 3271-S (Effective 4/12)

**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 OPWDD: Finger Lakes DDSOO	
State Agency Department ID: 3660235	Agency Business Unit: 51780
Contractor Name: New Hartford Psychiatric Services PLLC	Contract Number: C0SFL00645
Contract Start Date: 09/01/2023	Contract End Date: 08/31/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services		4,160.00	\$1,634,364.39
	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	0.00	4,160.00	\$1,634,364.39
<b>Grand Total</b>		4160.00	\$1,634,364.39

Name of person who prepared this report: Heather Frantz

Phone #: 845-877-6821 ext. 3323

Title: Contract Management Specialist 1

Preparer's Signature: Heather Frantz

Date Prepared: 09/11/2023