

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: OPWDD Finger Lakes DDSOO	
State Agency Department ID: 3660235	Agency Business Unit: OPD01
Contractor Name: CENTER FOR DISABILITY RIGHTS, INC.	
Contract Start Date: 3/25/2024	Contract Number: C0SFL00689
Contract End Date: 3/24/2029	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Sign Language services - NAICS 541930 27-3091.00	3.00	43,800.00	\$1,371,986.89
	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	43,800.00	\$1,371,986.89
<b>Grand Total</b>	0.00	0.00	\$0.00

Name of person who prepared this report: Jennifer Vallely

Phone #: 845-877-6821 ext. 3333

Title: Contract Management Specialist 1

Preparer's Signature: 

Date Prepared: 11/21/2023

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