

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: OPWDD	Agency Business Unit: OPD01
State Agency Department ID: 3660240	Contract Number: C0SSU00599
Contractor Name: National Eye Care, Inc.	Contract End Date: 4/30/2028
Contract Start Date: 5/1/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1041.00	4.0	600.00	\$ 125,000.00
	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	0.00	0.00	\$ 0.00
Grand Total	4.00	600.00	\$ 125,000.00

Name of person who prepared this report: Angela Gavin

Title: Office Manager

Phone #: 518-309-5578

Preparer's Signature: Angela Gavin

Date Prepared: 4/13/2023

(Use additional pages, if necessary)