

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 Central NY DDSOO	
State Agency Department ID: 3660234	Agency Business Unit: 51240
Contractor Name: Aya Healthcare, Inc.	Contract Number: OP0SCN00643
Contract Start Date: 12/01/2022	Contract End Date: 07/15/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
624120	1 -0.00-	1,168.00	\$784,983.78
	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	1,168.00	\$784,983.78
<b>Grand Total</b>	0.00	1,168.00	\$784,983.78

Name of person who prepared this report: Keith Ryer

Title: CMS 1

Phone #: 845-877-6821x3321

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

Date Prepared: 07/21/2023