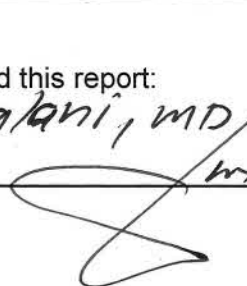


FORM A

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: *OCFS*  
 State Agency Department ID: *3400000 SD*  
 Contractor Name: *MARK CATHALANI*  
 Contract Start Date: *10/01/18*  
 Agency Business Unit: *OCF01 SD*  
 Contract Number: *5010203*  
 Contract End Date: *09/30/19*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Psychiatric Consultation</i>	<i>1 SD 0.00</i>	<i>888 SD 0.00</i>	<i>\$261,960 SD 0.00</i>
	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
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<i>1.0</i>	<i>maximum of 888</i>	<i>261,960.00</i>

Name of person who prepared this report:  
 Title: *MARK CATHALANI, MD*  
 Preparer's Signature:   
 Date Prepared: *9/16/18*

Phone #: *617-365-2817*