

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: _____
 State Agency Department ID: _____ Agency Business Unit: 3250226
 Contractor Name: Flexibility & Co., LLC dba FlexRN Contract Number: CC161461
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Temporary Personnel-Registered Nurse	TBD	56,160	\$3,593,453.76
	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	TBD	56,160	\$3,593,453.76
Grand Total	TBD	56,160	\$3,593,453.76

Name of person who prepared this report: Stephanie Berhalter
 Title: Senior Administrative Coordinator Phone #: 540-288-4056
 Preparer's Signature: Stephanie Berhalter
 Date Prepared: 08/06/2018