

DOH01-C033395-3450000

OSC Use Only:

Reporting Code: **CD**

Category Code:

Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health

Agency Code: 12000

Contractor Name: Amida Care, Inc.

Contract Number: C033395

Contract Start Date: 3/01/2018

Contract End Date: 2/28/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Director of Public Policy <i>Managers, other</i>	1		\$104,979
Director of Community Engagement <i>Managers, other</i>	1		\$63,444
Director of Grants Management <i>managers, other</i>	1		\$25,845
Project Manager - Consultant <i>Training and Development Specialist Manager</i>	1		\$360,000
Non Personal Services			\$45,732
Total this page			
Grand Total	4		\$600,000

Name of person who prepared this report: **DOUG WIRTH**

Title: **President/CEO**

Phone #: **646-757-7000**

Preparer's Signature: **Doug Wirth**

Date Prepared: **3/12/18**

(Use additional pages, if necessary)