DOHOI-5033006-3450000

OSC Use Only:
Reporting Code: CUG
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 Contractor Name: (kcilio M. 6anhli

Agency Code: 12000

Contract Start Date: 0 /0 / 2016 -

Contract Number: 5039006

Contract End Date: 2 B1/2019 .-

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Contractor	l	too Month.	114 400/2 1000
Health Educator	4 4 4	80 (AV)	124,800 On
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Total this page	8100	& too month	\$ 0.00- 124,000
Grand Total			

Name of person who prepared this report: Ocaliz M. Gentli

Phone #: 917-361-0065.

Preparer's Signature:

Date Prepared: 2 12177

(Use additional pages, if necessary)

Page