

FORM A

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

OPD01 - C0SCD00146 - 3660233

State Agency Name: NYS OPWDD: Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: Medfirst, Inc. Contract Number: C0SCD00146
 Contract Start Date: 6/1/2018 Contract End Date: 5/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	0.00	0.00	\$0.00
LPN	3.00	1,000.00	\$41,411.26
RN	4.00	1,500.00	\$78,044.30
RN Case Management	4.00	1,500.00	\$89,193.48
	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	11.00	4,000.00	\$208,649.04
Grand Total	11.00	4,000.00	\$208,649.04

Name of person who prepared this report: Christina Palumbo

Title: CMS I

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Preparer's Signature: 

Date Prepared: 4/23/2018