

FORM A

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

OPD01 - C0SCD00147 - 3660233

State Agency Name: NYS OPWDD: Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: Noor Associates, Inc. Contract Number: C0SCD00147
 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	6.00	3,000.00	\$62,116.89
LPN	6.00	2,200.00	\$79,307.87
RN	4.00	1,500.00	\$78,442.48
RN Case Managment	2.00	750.00	\$46,189.48
	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
Total this Page	18.00	7,450.00	\$266,056.72
Grand Total	18.00	7,450.00	\$266,056.72

Name of person who prepared this report: Christina Palumbo

Title: CMS I

Preparer's Signature: 

Phone #: (845) 877-6821
x.3704

Date Prepared: 4/23/2018