

FORM A

CUG

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

State Agency Name: NYS OPWDD: Hudson Valley DDSOO  
 State Agency Department ID: 3660236 Agency Business Unit: 51210  
 Contractor Name: Noor Associates, Inc. Contract Number: C0SHV00128  
 Contract Start Date: 5/1/2018 Contract End Date: 4/30/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	10.00	4,540.00	\$89,658.03
	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
<b>Total this Page</b>	10.00	4,540.00	\$89,658.03
<b>Grand Total</b>	10.00	4,540.00	\$89,658.03

Name of person who prepared this report: Christina Palumbo

Title: CMS I

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Preparer's Signature: 

Date Prepared: 4/1/2018