FORM A

OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

New York State Education Department Agency Code: SED01

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

Contract Or Name: DENT Neurologic Group LCP
Contract Number: C013787
Contract Start Date: 12/1/18
Contract End Date: 11/30/23

| | Helico de So | | Number of | Amount Payable |
|------------------------|--|-----------|------------------------|-------------------|
| Employment Category | Employment Title | Number of | hours to be | Under the |
| 19-3039.01 | NOTIVODS us half saist and | Employees | worked | Contract |
| | Character of the control of the cont | | approx 15 hrs/ week | \$138,613.00 |
| | Clinical psychologists | | | and the Contract |
| | | | Schedule t | pw you |
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| | | | | |
| | | | approx | |
| Total this page | | 1 | 15 hrs/week | \$138,613.00 |
| Grand Total | | 1 | 15/hrs/week | \$138,613.00 |

| Name of person who prepared this report: AShley M | iatecki |
|---|----------------------|
| Title: Purchasing & Contracting Manager | Phone #: 714 5589917 |
| Preparer's Signature: Asympto | |
| Date Prepared: 11/29/18 | |
| | |

(Use additional pages, if necessary)

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