OSC Use Only: Reporting Code:

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: Transform Health Contract Start Date: 11/1/2019

Agency Code: 12000

Contract Number: C035391

Contract End Date: 10 /31/ 2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11.1011, 00 Chief Executives	1 (Lisachan-Sawn)	476	140,50000
11.1011.00 Chief Executives	1 (Heather Saks)	to the total and the same of t	40 37500.
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Total this page	0 4	0 1,113,83	\$ 0.00 250,000
Grand Total			

Name of person who prepared this report: Heather Sates	
Title: COU + VP of Atakeholde Engagement Preparer's Signature: Well BC	Phone # (917) 202-822
Preparer's Signature: White	

Date Prepared: 1/29 2020

(Use additional pages, if necessary)

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