

FORM A

**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: Western NY DDSOO
 State Agency Department ID: 3660242 Agency Business Unit: 51330
 Contractor Name: Ewen M. Macpherson Contract Number: S0SWN00369
 Contract Start Date: 3/1/2021 Contract End Date: 2/28/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services	1.00	2,080.00	\$417,425.50
	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
Total this Page	1.00	2,080.00	\$417,425.50
Grand Total	1.00	2,080.00	\$417,425.50

Name of person who prepared this report: Zachary Guida

Phone #: 845-877-6821 ext. 3182

Title: Contract Management Specialist 1

Preparer's Signature: 

Date Prepared: 2/18/2021