AC 3271-S (Effective 4/12)

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: OCFS
State Agency Department ID: 3400000
Agency Business Unit: CFS01
Contractor Name: Eye Vision Associates
Contract Number: C029024
Contract Start Date: 5/1/21
Contract End Date: 4/30/26

AM 4/20/21

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1041.00 Optometrists	2	450	150,000
	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	0.00	0.00	$ 0.00
Grand Total	2	450	150,000

Name of person who prepared this report:
Title: Partner / OD
Phone #: 631-588-5100
Preparer's Signature: [signature]
Date Prepared: 3/22/21

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(Use additional pages, if necessary)