

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	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: S010237
Contractor Name: Mark Cattalani	Contract End Date: 09/30/2024
Contract Start Date: 10/01/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatry 29-1223,00	1.00	2,664.00	\$769,896.00
	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	\$0.00
Total this Page	1.00	2,664.00	\$769,896.00
Grand Total	1	2,664	\$769,896

Name of person who prepared this report: Mark Cattalani, MD

Title: Sole Proprietor

Phone #: 617-365-2817

Preparer's Signature:  _____

Date Prepared: 08/10/2021

(Use additional pages, if necessary)