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: Health

State Agency Department ID: Agency Business Unit: DOH01 3450000 Contractor Name: VIP Starr Contract Number: C035805 Contract Start Date: 10/01/2021 Contract End Date: 09/30/2022

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------------------|------------------------|---------------------------------|--------------------------------------|
| 29-1141.04 Clinical Specialist | 400.00 | 4800.00 | 551,800.00 |
| 29-2072.00 Medical Records Specialist | 80.00 | 960.00 | \$43,200.00 |
| | 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 | 480.00 | 5760.00 | \$595,000 |
| Grand Total | | | |

| Name of person who prepared this report: Doug Arms |
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Title: Johonniuss Chemiveno Phone #:

Preparer's Signature:

Date Prepared: 10/22/2021

(Use additional pages, if necessary)