

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: OPWDD	Agency Business Unit: OPD01
State Agency Department ID: 3660243	Contract Number: C0SSW00397
Contractor Name: Community Care Consulting Inc.	Contract End Date: 08/31/2026
Contract Start Date: 09/01/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Consulting Pharmacist	2.00	8,810.83	\$479,441.53
	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	2.00	8,810.83	\$479,441.53
Grand Total	0.00	0.00	\$0.00

Name of person who prepared this report: Nicholas Vartanian

Title: Director of Corporate Development

Phone #: 818-399-2229

Preparer's Signature: 

Date Prepared: 06/29/2021