

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: S0SC00010
Contractor Name: Ronnie Cohn	Contract End Date: 03/31/2023
Contract Start Date: 04/01/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1014	1.00	3,120.00	\$312,000.00
Total this Page		3,120.00	\$ 312,000.00
Grand Total	1.00	3,120.00	\$312,000.00

Name of person who prepared this report:
 Title: Independent Evaluator
 Preparer's Signature: Ronnie Cohn
 Date Prepared: 4/21/2021

Phone #: 914-649-1856