

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: NYS OPWDD Broome DDSOO
 State Agency Department ID: 3660230 Agency Business Unit: 51940
 Contractor Name: Horizon Health Care Staffing Corp. Contract Number: C0SBR00530
 Contract Start Date: 12/01/2022 Contract End Date: 11/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Patient Companion Services		626	\$85,012.57
	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	0.00	626.00	\$85,012.57
Grand Total		626	\$85,012.57

Name of person who prepared this report: Zachary Guida

Title: Contract Management Specialist 1



Phone #: 845-877-6821 ext. 3182

Preparer's Signature: _____

Date Prepared: 11/1/2022