

**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: Clinical Staffing Resources Corp. Contract Number: C0SBR00533  
 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		313.00	\$56,108.39
	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	313.00	\$56,108.39
<b>Grand Total</b>		313	\$56,108.39

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