

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 Central DDSOO
 State Agency Department ID: 3660234 Agency Business Unit: 51240
 Contractor Name: All Metro Home Care Services of New York, Inc. dba All Metro Health Care Contract Number: C0SCN00556
 Contract Start Date: 03/01/2023 Contract End Date: 02/29/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Patient Companion Services		733.80	\$124,821.20
	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	733.80	\$124,821.20
Grand Total		733.80	124,821.20

Name of person who prepared this report: Heather Frantz

Phone #: 845-877-6821 ext. 3323

Title: Contract Management Specialist 1

Preparer's Signature: Heather Frantz

Date Prepared: 01/17/2023