

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

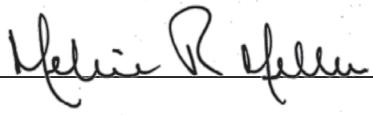
State Agency Name: NYS Office for People With Developmental Disabilities
 State Agency Department ID: 3660243 Agency Business Unit: OPD01
 Contractor Name: Melanie Reeves Miller Contract Number: S0SCO0013
 Contract Start Date: 5/1/22 Contract End Date: 4/30/24

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1014	1	2704	270,400
Total this Page		S0SCO0013	
Grand Total	1	2704	270,400

Name of person who prepared this report:

Title: Willowbrook Consultant

Phone #:

Preparer's Signature: 

Date Prepared: 06/ / 2022

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, to March 31,

Contracting State Agency Name: NYS Office for People With Developmental Disabilities
 Contract Number: S0SCO0013 Agency Business Unit: OPD01
 Contract Term: 5/1/2022 - 4/3/2024 Agency Department ID: 3660243
 Contractor Name: Melanie Reeves Miller
 Contractor Address: 137 Claybrook Lane; Antioch, TN 37013
 Description of Services Being Provided: Willowbrook Consultant

Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
21-1-14			
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report:
 Title: _____ Phone #: _____
 Preparer's Signature: *Melanie R Miller*
 Date Prepared: / /

(Use additional pages, if necessary)