AC 3271-S (Effective 4/12)

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: OCFS
State Agency Department ID: 3400000 | Agency Business Unit: CFS01
Contractor Name: An Sable Psychiatry, PLLC | Contract Number: C10236A (Industry
Contract Start Date: 8/1/23 | Contract End Date: 6/30/24

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatry	1.00	602.43 ~~0.00~~	174,704.70
29-1223.00	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	1.00	0.00	$ 0.00
Grand Total	1.0	602.43	$174,704.70

Name of person who prepared this report: Mark Cattaraugi
Title: Sole Member, PLLC
Phone #: 617-365-2817
Preparer's Signature: _____
Date Prepared: 8/29/23

(Use additional pages, if necessary)