

**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: DOH  
 State Agency Department ID: 3450000 Agency Business Unit: 50420  
 Contractor Name: Santhosh Kariampalil Abraham Contract Number: PH68617  
 Contract Start Date: 11/29/2023 Contract End Date: 11/28/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09	1.00	4,160.00	\$379,475.20
	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	1.00	4,160.00	\$379,475.20
<b>Grand Total</b>	1.00	4,160.00	\$379,475.20

Name of person who prepared this report: Gerardo Cioffi  
 Title: Business Systems Analyst Phone #: 518 457-7691  
 Preparer's Signature: Gerardo Cioffi  
 Date Prepared: 11/02/2023