

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 Department of Health
 State Agency Department ID: DOH01 Agency Business Unit: NYSoH
 Contractor Name: Crossfire Consulting Corp Contract Number: 05-13166
 Contract Start Date: 12/30/2023 Contract End Date: 06/29/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1253.00	1.00	4,800.00	\$365,856.00
	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	4,800.00	\$365,856.00
Grand Total	1.00	4,800.00	\$365,856.00

Name of person who prepared this report: Colleen M. Williams
 Title: Medicaid Program Manager Phone #: 518-457-5188
 Preparer's Signature: _____
 Date Prepared: 12/15/2023