

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	Agency Business Unit: 50420
State Agency Department ID: 3450000	Contract Number: PH68620
Contractor Name: Shilpa Sanem	Contract End Date: 05/26/2026
Contract Start Date: 11/27/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09	1.00	5,200.00	\$468,832.00
	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	\$0.00
Total this Page	1.00	5,200.00	\$468,832.00
Grand Total	1.00	5200.00	\$468,832.00

Name of person who prepared this report: Gerardo Cioffi

Title: Business Systems Analyst

Phone #: 518 457-7691

Preparer's Signature: Gerardo Cioffi

Date Prepared: 11/17/2023