

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: NYS OPWDD: Finger Lakes DDSOO
 State Agency Department ID: 3660235 Agency Business Unit: 51780
 Contractor Name: Elizabeth Caton-Burm Contract Number: S0SFL00646
 Contract Start Date: 09/01/2023 Contract End Date: 08/31/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Psychiatric Services		2,600.00	\$267,075.05
	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	0.00	2,600.00	\$267,075.05
Grand Total		2,600.00	\$267,075.05

Name of person who prepared this report: Heather Frantz

Phone #: 845-877-6821 ext. 3323

Title: Contract Management Specialist 1

Preparer's Signature: Heather Frantz

Date Prepared: 7/11/2023