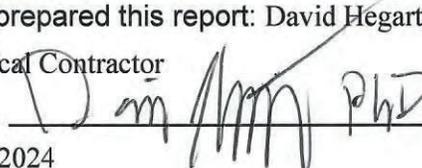


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS	Agency Business Unit: OCF01
State Agency Department ID: 3400000	Contract Number: S010286
Contractor Name: David Hegarty, Ph.D., LMFT	Contract End Date: 7 /31/ 2029
Contract Start Date: 08/01/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Mental Health Counselor 21-1023.00	1	800	\$394,625
	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
	0.00	0.00	\$0.00
Total this Page	1	800	\$394,625
Grand Total	1	800	\$394,625

Name of person who prepared this report: David Hegarty, Ph.D., LMFT
 Title: Independent Clinical Contractor Phone #: 516-659-0022
 Preparer's Signature: 
 Date Prepared: 04/26/2024