

State Consultant Services

# FORM A

OSC Use Only

Reporting Code:

Category Code:

Date Contract Approved:

Contractor's Planned Employment  
From Contract Start Date through End of Contract Term

New York State Department of Health  
Contractor Name: **The Haykel Group**

Agency Code 12000  
Contract Number: **C029889**

Contract Start Date: **02 /01/2015**

Contract End Date: **01/31/2015**

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<b>13-1161.00</b>	<b>1</b>	<b>30</b>	<b>\$9,000.00</b>
<b>27-1024.00</b>	<b>3</b>	<b>10</b>	<b>\$2,500.00</b>
<b>43-9081.00</b>	<b>1</b>	<b>10</b>	<b>\$850.00</b>
<b>27-3043.00</b>	<b>4</b>	<b>10</b>	<b>\$2,500.00</b>
<b>27-1019.00</b>	<b>2</b>	<b>10</b>	<b>\$1,250.00</b>
Totals this page:	<b>11</b>	<b>70</b>	<b>\$ 16,100.00</b>
Grand Total:	<b>11</b>	<b>70</b>	<b>\$ 16,100.00</b>

Name of person who prepared this report: **Charlene Haykel**

Title: **Managing Principal**

Phone #: **1-212-279-1670**

Preparer's signature: *Charlene J. Haykel*

Date Prepared: *3/18/15*

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