

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: OPWDD

State Agency Department ID: 3660243

Contractor Name: CMA Consulting Services

Contract Start Date: 11/01/2015

Agency Business Unit: OPD01

Contract Number: CLCO004

Contract End Date: 10/31/2016

3660243

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Project Manager - 15-1199.09	1.00	1,739.00	\$199,985.00
	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	1,739.00	\$199,985.00
Grand Total	1.00	1,739.00	\$199,985.00

Name of person who prepared this report: Kay Stafford

Title: President and CEO

Phone #: 518-783-9003

Preparer's Signature: Kay Stafford

Date Prepared: 11/03/2015