	OSC Use Only:
	Reporting Code:
ŀ	Category Code:
	Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: Broome DDSO Contractor Name: All Metro Health Care

Agency Code: 51940/3660230 Contract Number: CoSBR00013

Contract Start Date: 12/01/2015

Contract End Date: 11/30/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
31-1012.00	59	3,375	\$55,687.50
			
	7		
Total this page	59	3,375	\$55,687.50
Grand Total	59	3,375	\$55,687.50

Grand Total	59	3,375	\$55,6
Name of person who prepared this r	eport: Seth J.	Shapiro	
Title: Vice President		Phone #	516-750-9135
Preparer's Signature:			
Date Prepared: 11/27/2015			
(Use additional pages, if necessary)			Page 1 of 1
Prepared with assistance from Grayam D	orschel, CMS	ST1 of the Contract M	anagement
Unit of the CNYDDSO Region 2 Office.			
	o <u></u>		
		Grayam Dorschel,	CMST1