FORM A

OPDOI-COSCD00139-3660233

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: Capital District DDSOO

State Agency Department ID: 3660233

Contractor Name: Any-Time Home Care, Inc.

Contract Start Date: 6/1/2018

Agency Business Unit: 51290

Contract Number: C0SCD00139

Contract End Date: 5/31/2023

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| Hospital Sitter | 2.00 | 750.00 | \$18,316.52 |
| LPN | 0.00 | 0.00 | \$0.00 |
| RN | 0.00 | 0.00 | \$0.00 |
| RN Case Managment | 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 | 2.00 | 750.00 | \$18,316.52 |
| Grand Total | 2.00 | 750.00 | \$18,316.52 |

| alumbo |
|-------------------------|
| Phone #: (845) 877-6821 |
| x.3704 |
| |
| |

Date Prepared: 4/23/2018