

OSC Use Only:
 Reporting Code:
 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: NYS OPWDD BRDDSOO Agency Code: 51940/3660230
 Contractor Name: Auguste L. Duplan, M.D. LLC Contract Number: COSBR00084
 Contract Start Date: 11/01/2016 Contract End Date: 10/31/2021

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| 31-1012.00 | | 384 | \$ 714,669.14 |
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| Total this page | 0 | 0 | \$ 0.00 |
| Grand Total | | 384 | \$ 714,669.14 |

Name of person who prepared this report: _____

Title: Psychiatrist

Phone #: 607-3194434

Preparer's Signature: 

Date Prepared: 04/19/2017

(Use additional pages, if necessary)