


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

OPD01 - C0SCD00148 - 3660233

State Agency Name: NYS OPWDD: Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: NPORT Registered Nursing,
 Physical and Occupational Therapy and Speech-
 Language Pathology Services PLLC. Contract Number: C0SCD00148
 Contract Start Date: 6/1/2018 Contract End Date: 5/31/2023

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|------------------------|---------------------|------------------------------|-----------------------------------|
| Hospital Sitter | 0.00 | 0.00 | \$0.00 |
| LPN | 6.00 | 2,200.00 | \$80,545.96 |
| RN | 4.00 | 1,500.00 | \$79,318.49 |
| RN Case Management | 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 | 10.00 | 3,700.00 | \$159,864.45 |
| Grand Total | 10.00 | 3,700.00 | \$159,864.45 |

Name of person who prepared this report: Christina Palumbo
 Title: CMS I
 Preparer's Signature: 
 Date Prepared: 4/23/2018
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