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: OCFS

State Agency Department ID: 3400000 Contractor Name: Amy Bissada, DO Contract Start Date: 6/1/2022

Agency Business Unit: Contract Number: S010248 Contract End Date: 5/31/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1.00	3,024.00	\$1,209,600.00
	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	3,024.00	\$1,209,600.00
Grand Total	1.00	3,024 6,048.0	\$ 2, 367, 692.00

\$1,209,600.00

Nam	e of	person	who	prepared	this	report: A	Amy	Bissada
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Title: psychiatrist

Phone #: 8327460852

Preparer's Signature:

Date Prepared: 5/17/2022