

**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: NYS OPWDD Hudson Valley DDSOO  
 State Agency Department ID: 3660236 Agency Business Unit: 51450  
 Contractor Name: ATC Healthcare Services, LLC Contract Number: C0SHV00569  
 Contract Start Date: 5/1/2023 Contract End Date: 4/30/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
624120	0.00	1,520.00	\$51,431.45
	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
	0.00	0.00	\$0.00
Total this Page	0.00	1,520.00	\$51,431.45
<b>Grand Total</b>	0.00	1,520.00	\$51,431.45

Name of person who prepared this report: Kyle Newton

Title: CMS, 1

Phone #: 845-877-6821x3219

Preparer's Signature:  \_\_\_\_\_

Date Prepared: 12/22/2022