



**Office of
Mental Health**

OMH Community Mental Health Loan Repayment Program (Round 4)

2024-25 APPLICATION & INSTRUCTIONS

August 2024

Questions? Comments? OMH.CMHLRP@omh.ny.gov

General Overview

The FY 2022-23 Office of Mental Health Budget included \$9 million annually to support a new program to support licensed community mental health programs in the recruitment and retention of psychiatrists and psychiatric nurse practitioners (NPs). The Office of Mental Health (OMH) established: The **OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)** to support designated community programs in this effort. During the FY 2023-2024, Round 2 continued to fund additional awards to eligible psychiatrists and NPs in designated community mental health settings throughout New York State and expanded to include eligible psychiatric physician assistants (PAs). For the 2024-2025 FY, \$3 million annually remains available to fund additional. These funds will support a minimum of 120 awards (60 psychiatrists/60 psychiatric NPs/PAs). Round 4 of the OMH CMHLRP will continue to award State Aid grants for loan repayment for psychiatrists, psychiatric nurse practitioners (NPs), and psychiatric physician assistants (PAs), eligible professionals hereafter, as follows:

- For psychiatrists, the OMH CMHLRP provides up to \$120,000 in loan repayment over a three-year period.
- For psychiatric NPs, the OMH CMHLRP provides up to \$30,000 in loan repayment over a three-year period.
- For psychiatric PAs, the OMH CMHLRP provides up to \$30,000 in loan repayment over a three-year period.

This guidance provides information on the OMH CMHLRP only for prospective programs considering applying on behalf of existing employees or new prospective staff. Additional information is posted on <https://omh.ny.gov/omhweb/rfp/>. **Applications are due by January 31, 2025.**

Eligible Applicant Agencies

Providers of licensed community mental health programs in one of the two below specified program categories may apply on behalf of eligible staff.

- **Inpatient/CPEP:** Licensed providers of Article 28 hospital inpatient psychiatric units, Article 31 freestanding inpatient hospital programs, Comprehensive Psychiatric Emergency Programs (CPEPs), and Residential Treatment Facility - Children & Youth.
- **Outpatient/Crisis Residence:** Licensed providers of Article 31 outpatient programs including Assertive Community Treatment (ACT) teams, Continuing Day Treatment (CDT), Children's Day Treatment, Partial Hospitalization (PH), Personalized Recover Oriented Services (PROS), Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS), and Crisis Stabilization Centers (Intensive & Supportive) or licensed providers of crisis residence programs including Children's Crisis Residence, Intensive Crisis Residence, and Residential Crisis Support.

If your program is NOT licensed by OMH and DOES NOT fall into one of the two specified program categories above, STOP – you are not an eligible applicant agency

Eligible Professionals

Licensed programs will be able to apply on behalf of eligible professionals for the full award amount, (over a three-year period, up to the balance of total student loan debt, not to exceed \$120,000 for psychiatrists and \$30,000 for psychiatric NPs/PAs) who meet **all** of the following criteria:

- A U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card);
- Licensed to practice in New York State by the time the service obligation begins;
- Still has student loan expenses that can be repaid;
- Not fulfilling any other loan repayment program obligation where the obligation period of that repayment program would overlap or coincide with the OMH CMHLRP obligation period;
- In good standing with:
 - For psychiatrist and psychiatric nurse practitioners – the Department of Healthⁱ
 - For physician assistants – the Department of Educationⁱⁱ;
- Not in breach of a health professional service obligation to federal, state, or local government, or have any judgment liens arising from federal or state debt; and must not be delinquent in child support payments;
- Working or planning to work full time clinical capacity as a psychiatrist/psychiatric nurse practitioner/psychiatric physician assistant within eligible OMH licensed community mental health programs in New York State.
 - Providers may apply for a prorated award on behalf of eligible professionals who work or plan to work part time clinical capacity as a psychiatrist/NP/PA within eligible OMH licensed community mental health programs in New York State.
 - Employees contracted via academic affiliation will be subject to OMH approval and additional information should be provided where requested.

Please Note: Other consultants/contractors are ineligible for the OMH CMHLRP.

If any these conditions DO NOT pertain to the psychiatrist or psychiatric nurse practitioner/physician assistant, STOP -- the psychiatrist or psychiatric nurse practitioner/physician assistant is NOT eligible for OMH CMHLRP Round 4 funding.

General Instructions

- The employer, applying on behalf of the employee, must evaluate whether they and/or their employee meet the criteria, and complete the application as instructed.
- Please complete all fields to the best of your ability so we can timely review your application.
- All attestations must be signed for the application to be considered completed.
- Applications are reviewed on a first come, first served basis with a deadline of January 31, 2025.
- The employer must maintain contemporaneous records for all claims related information and any other data or documents used to demonstrate that an employee was eligible to receive such award, including but not limited to an employee-employer agreement. All records, data and other information will be made available for review upon request.
- The employer must enter into an Employer-Employee Agreement with each employee applicant outlining employee requirements, including but not limited to the full 3-year service commitment, employer distribution of funds, and an enforcement mechanism which must be legally binding and enforceable in court by the employer. The Employer-Employee Agreement must be completed upon execution of the contract.
- For Year 2 & 3 of the award, an additional attestation must be completed and submitted (for each year) by the employer to confirm the employee is still eligible. Payments for Year 2 & 3 are dependent on completion of the attestations and will not be sent until completed and returned.

Application Instructions

Section A - Applicant Information

- Employer must complete all fields in both sections to the best of their ability.

Section B – Employer Verification of Employment

- Employer must answer questions, where applicable, then sign and date the attestation.

Section C – Employer Verification of Employee Qualifying Loan

- Employer must answer questions, where applicable, then sign and date the attestation.

Section D – Employer Verification of Employee Eligibility

- Employer must answer questions, where applicable, then sign and date the attestation.

Attachment A – Sexual Harassment Prevention Certification Form

- Employer must complete the form in full, then sign and date and return along with the completed application.

Attachment B – Sample Employer-Employee Agreement

- An example for the required employer-employee agreement. Agencies will have the discretion on how they administer their own employer-employee agreements.

Definitions

For purposes of this application, the following definitions will apply:

- **Applicant:** The licensed program applying who will be responsible for executing and implementing the contract(s) with New York State for entering into agreements with eligible participants for loan repayment.
- **OMH CMHLRP:** The Office of Mental Health Community Mental Health Loan Repayment Program, administered by OMH.
- **Eligible Professional:** The eligible staff, whether newly hired or existing, that can be nominated by the licensed program (applicant) for receipt of the award. This can be either a psychiatrist, psychiatric nurse practitioner, or physician assistant.
- **Full-Time Clinical Capacity:** Providing at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. Unless otherwise approved in writing by OMH, the 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in on-call status should not be applied toward the 40-hour week. Hours worked in excess of 40 hours per week shall not be applied to any other workweek.
- **Part-Time Clinical Capacity:** Providing less than 40 hours of service (with a minimum of 80% of those hours of service being clinical hours) per week for at least 45 weeks per year. Unless otherwise approved in writing by OMH, part-time schedules should not be compressed to the point of shifts greater than 12 hours in any 24-hour period. Time spent in on-call status should not be applied toward part-time schedule for purposes of determining a prorated award. Awards will be prorated based on the minimum part-time schedule of the eligible professional in the case of a variable schedule; hours worked in excess of the eligible professional's minimum part-time schedule shall not be applied to any other workweek or averaged.
- **Clinical Hours:** time spent on direct-care with clients, as well as time spent on documentation and follow-up of these encounters.
- **Inpatient/CPEP:** Licensed providers of Article 28 hospital inpatient psychiatric units, Article 31 freestanding inpatient hospital programs and Comprehensive Psychiatric Emergency Programs (CPEPs).
- **Licensed Program:** Any existing or prospective mental health provider, subject to the jurisdiction of OMH, that has obtained an operating certificate (License) from the Commissioner prior to the operation of such facilities and programs. They are the applicant (see above).
- **OMH:** The New York State Office of Mental Health, a State entity authorized to administer the OMH CMHLRP.
- **Outpatient:** Licensed providers of Article 31 outpatient programs including Assertive Community Treatment (ACT) teams, Continuing Day Treatment (CDT), Children's Day Treatment, Partial Hospitalization (PH), Personalized Recover Oriented Services (PROS), and Mental Health Outpatient treatment and Rehabilitative Services (MHOTRS).

- **Psychiatrist (MD):** Any graduate of an osteopathic or allopathic medical school who possesses an MD or DO degree, who has been licensed to practice medicine in New York State, and who is board-eligible or board-certified in psychiatry.
- **Psychiatric Nurse Practitioner (NP):** is a Registered Nurse (RN) who has earned a separate certification as a Nurse Practitioner (NP) through advanced clinical nursing education (usually a master's degree) in a distinct specialty area of practice, in this case Psychiatry. NPs may diagnose, treat, and prescribe for a patient's condition that falls within their specialty area of practice.
- **Psychiatric Physician Assistant (PA):** is a medical professional licensed by the New York State Education Department (NYSED) to provide direct patient care delegated by and within the scope of practice of a supervising physician (MD), who works at a community mental health program licensed by OMH (see Eligible Applicant Agencies).
- **Qualified educational loans/debt:** Any student loan that was used to pay graduate or undergraduate tuition or related educational expenses, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the federal Higher Education Act.
- **Qualifying loan payments:** Participating professionals must continue to make their monthly loan payments, unless in forbearance/deferment. Participating professionals will become ineligible if they enter delinquency or default on student loan payments. Any CMHLRP award funds received must be applied to the balance of the participating professional's student loan debt.

Section A - Applicant Information

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section A, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

Employer Information

Please note, the five-digit code in both dropdowns below is the OMH Agency Code and should match in most circumstances. If you cannot find your agency/program name in the dropdown list, or the codes do not match, please provide additional information at the bottom of Section A.

Agency Name:	
Program Name:	

Program Address:	
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Primary Contact: please indicate the person at your agency who will provide and handle information related to the grant. You may optionally list additional contacts in the space provided.

Contact Name:	
Contact Phone #:	
Contact Email:	

(Optional) Additional Contacts:

Contact Name(s):	
Contact Phone #(s):	
Contact Email(s):	

Employee Information

If you are submitting multiple applications **at the same time**, please provide a priority order for this employee's individual application:

_____ of _____ (total number of applications being submitted simultaneously).

Employee Name:	
Employee Position:	
Employee License #:	
Employee Total Loan Debt:	
Award Request:	
Employee Service Obligation Start Date:	

The Employee Service Obligation Start Date should be the date when the employee is eligible and able to begin their 3 year service obligation.

How long has the employee worked at this agency?

Less than 1 year:

1-to-5 years:

Greater than 5 years:

(Optional) Additional Information

Section B - Employer Verification of Employment

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section B, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Is the employee listed above currently employed at the licensed program listed above?

Yes: No:

If not and this is for a recruitment, please provide the anticipated employee start date below.

If not and this employee is contracted through an academic affiliation, please provide additional information regarding the academic affiliation:

NOTE: If the employee listed on this application is not currently employed and an anticipated award start date is not provided, the application may be rejected. Please provide additional details on why an anticipated award start date cannot be provided.

- Will the employee listed above work either a full-time or part-time schedule providing clinical services (for at least 45 weeks during the year) during the award service period for you, the employer, at the licensed program listed above?

Yes: No:

Please provide the hours that the employee will be working below.

(hours)/40

(clinical hours)/32

NOTE: If the employee listed on this application will not work a full-time or part-time schedule providing clinical services (for at least 45 weeks during the year) during the anticipated award obligation period and the hours worked are not provided, the application may be rejected. For more information regarding prorated awards, see "Prorated Awards" in the OMH CMHLRP Round 4 Program Overview. Please provide additional details on why the hours worked cannot be provided.

Employer Verification of Employment Attestation

As employer I declare, affirm, and certify that I, the undersigned, attest that the employee listed above will be employed for the award service period and that they will be working the schedule indicated above providing clinical services for at least 45 weeks during the year at the licensed program specified above. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Section C - Employer Verification of Employee Qualifying Loan

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section C, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Does the employee listed above have qualifying student loans?

Yes: No: In student loan forbearance or deferment:

Please Note: You, the employer, will be required to keep a copy of the awardee's loan documentation used to verify the qualifying loan amount. The employee will be responsible for providing this documentation to the employer. OMH may from time to time request such documentation to confirm and verify the qualifying loans and amounts. You the employer will be required to furnish such documentation to OMH upon request.

** NOTE: If the employee above does not have qualifying student loans or is unable to provide documentation supporting stated qualifying student loans to the employer, they will not be eligible for the OMH CMHLRP Round 4.*

Employer Verification of Employee Qualifying Loan Attestation

As employer I declare, affirm, and certify that I, the undersigned, have reviewed the qualifying loan documentation provided by the employee listed above and attest that to the best of my knowledge the above is true and correct. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Section D - Employer Verification of Employee Eligibility

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section D, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Does the employee listed above meet all the eligibility requirements as outlined below? The employee will be responsible for providing any requested documentation to the employer needed to verify eligibility.

Yes: No:

- A U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card);
- Licensed to practice in New York State by the time the service obligation begins;
- Still has student loan expenses that can be repaid;
- Not fulfilling any other loan repayment program obligation where the obligation period of that repayment program would overlap or coincide with the OMH CMHLRP obligation period;
- In good standing with:
 - For psychiatrist and psychiatric nurse practitioners – the Department of Healthⁱⁱⁱ
 - For physician assistants – the Department of Education^{iv};
- Not in breach of a health professional service obligation to federal, state, or local government, or have any judgment liens arising from federal or state debt; and must not be delinquent in child support payments;
- Working or planning to work full time or part time clinical capacity as a psychiatrist/psychiatric nurse practitioner/psychiatric physician assistant within eligible OMH licensed community mental health programs in New York State.

** NOTE: If the employee above does not have meet all the eligibility requirements of this award or is unable to provide requested documentation supporting eligibility, they will not be eligible for the OMH CMHLRP Round 4.*

Employer Verification of Employee Eligibility Attestation

As employer I declare, affirm, and certify that I, the undersigned, have reviewed the eligibility requirements of this award as well as the employee’s eligibility and attest that to the best of my knowledge the above is true and correct. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

Attachment A – Sexual Harassment Prevention Certificate

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Attachment A, please complete the Sexual Harassment Prevention Certification form completely. For the Solicitation # and/or OMH descriptive name of solicitation, please put OMH CMHLRP Round 4. Offerer refers to the agency. The form should be signed by the contact at your agency who can attest to the agency's written policy and training addressing sexual harassment prevention in the workplace. We cannot speak to the specific contact at your agency, but we recommend reaching out first to your HR department if you are unsure. The only stated restriction is that the employee your agency is applying on behalf of should not be completing and signing this form.

NOTE: State Finance Law Section 139_1 requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFA. Applicants must complete and return the certification with their application or provide a statement detailing why the certification cannot be made.



KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

Sexual Harassment Prevention Certification

Solicitation # and/or OMH descriptive name of solicitation:

State Finance Law §139-I requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor’s model policy and training standards) to all its employees.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

I hereby affirm that _____ (Offerer’s Name) has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law. Unless I provide notice otherwise, my execution of this affirmation shall be an ongoing representation that I have complied with, and continue to be in compliance with State Finance Law §139-I.

I understand and agree that: 1) OMH shall have the right to terminate the contract, purchase order or purchase authorization resulting from this solicitation in the event that this affirmation is found to be intentionally false or intentionally incomplete; and 2) upon such finding, OMH may exercise its termination right by providing written notification.

Date _____ 20__

Signature of Offerer’s Authorized Representative _____

Printed Name and Title _____

Name of Offerer _____

Offerer’s Address _____

Attachment B – Employer-Employee Agreement

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Attachment B, review the attached sample Employer-Employee Agreement. Please note, this is **not** a complete form and may not match the needs of your specific agency.

For each award, the employer must enter into an Employer-Employee Agreement with each employee applicant outlining employee requirements, including but not limited to the full 3-year service commitment, employer distribution of funds, and an enforcement mechanism which must be legally binding and enforceable in court by the employer.

Employer-Employee Agreements must be completed upon execution of the contract. The employer must maintain contemporaneous records for all claims related information and any other data or documents used to demonstrate that an employee was eligible to receive such award, including but not limited to an employee-employer agreement. All records, data and other information will be made available for review upon request.

ⁱ i.e., not excluded from, or terminated by, the federal Medicare or Medicaid programs (see <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>); not subject to Orders of the State Board for Professional Medical Conduct (see <http://w3.health.state.ny.us/opmc/factions.nsf/physiciansearch?openform>); or under indictment for, or convicted of, any crime as defined by the New York State Penal Code, (see: <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO> - Click PEN for Penal Code).

ⁱⁱ New York State Education Department Office of the Professions, Article 131-A, Definitions of Professional Misconduct Applicable to Physicians. (see: <https://www.op.nysed.gov/professions/physicians/laws-rules-regulations/article-131a>)



OMH Community Mental Health
Loan Repayment Program (OMH CMHLRP)

OMH CMHLRP Attachment A

EMPLOYER-EMPLOYEE AGREEMENT

Initiative Name: OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)

In consideration of the receipt of a loan repayment award to the EMPLOYER ([[Employer Name]]), which is hereby acknowledged, the EMPLOYEE ([[Employee Name]]) agrees that he/she:

- A. is a United States citizen or permanent resident;
- B. is (1) currently or will be employed by the EMPLOYER at the licensed program specified on the award by the obligated service date as specified by the EMPLOYER or (2) an approved academic affiliated contractor at the licensed program specified on the award by the obligated service date as specified by the EMPLOYER.
- C. shall fulfill the service obligation by practicing for three (3) consecutive years, beginning on the start date of the award contract (specified below), as a [FILL IN JOB TITLE] specializing in psychiatry at the licensed program specified in the award for at least 40 hours (with a minimum of 32 clinical hours) [OR SPECIFY TO MATCH THE HOURS ON THE AWARD] per week for at least 45 weeks per year. Unless specifically exempted by the New York State Department of Mental Health, in writing, the 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status shall not be applied toward the 40-hour week. Hours worked in excess of 40 hours per week shall not be applied to any other workweek.
- E. has a valid license to practice in New York State and is board-certified or eligible in the specialty identified in C. above;
- F. understands that the period of the service obligation identified in C. above is three (3) years regardless of the amount of the annual award payment;
- G. shall not charge more for professional services than the usual and customary rate prevailing in the area in which such services are provided. If an individual is unable to pay the amount so charged for professional services, he/she shall charge such individual at a reduced rate or not charge such individual any amount;
- H. shall provide health services to individuals in the area without discriminating against them because (a) of their inability to pay for those services or (b) payment for these health services shall be made under part A or B of title XVIII of the Social Security Act (42 U.S.C. 1395) ("Medicare") or under a State plan for medical assistance approved under titles XIX and XXI of that ACT ("Medicaid" and "State Children's Health Insurance Program");
- I. shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment may be made under Part B of Title XVIII of such Act. He/she shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan or work under current agreement of employing facility;



OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)

- J. is not in default on the repayment of a guaranteed student loan or in default under the terms of any service obligation on any other governmentally administered scholarship or financial aid program;
- K. is not obligated under the Doctors Across New York (DANY) or Public Service Loan Forgiveness (PSLF) or any other loan repayment program for the contract period;
- L. is not excluded from, or terminated by, the federal Medicare or Medicaid programs;
- M. assures that he/she maintains an updated Physician Profile as required by current law. See <http://www.nydoctorprofile.com/> for information. This requirement is only applicable to psychiatrists;
- N. must notify the EMPLOYER if the EMPLOYEE needs to modify any aspect of the service obligation so that the EMPLOYER can receive prior approval in writing from NYSOMH;
- O. shall comply with all service obligation requirements, and that failure to do so may cause EMPLOYEE to no longer be eligible for additional payments under this agreement. If the EMPLOYEE knows they are unable to comply with all service obligation requirements, they must notify the EMPLOYER.
- P. will abide by the recoupment plan for returning paid funds should the service obligation not be completed **[ENTER SPECIFICS OF RECOUPMENT MECHANISM/REPAYMENT PLAN – This recoupment method must be legally binding and enforceable in court].**

Payment Terms

[ENTER SPECIFICS OF PAYMENT SCHEDULE/TERMS FOR THE EMPLOYER TO PAY OUT TO THE EMPLOYEE – TIMING, AMOUNTS, ETC.]

IN WITNESS THEREOF, this agreement has been entered into by the EMPLOYER and the EMPLOYEE as of **[START DATE OF AWARD CONTRACT]**.

Representative of EMPLOYER:

EMPLOYEE:

Sign: _____

Sign: _____

Name: _____

Name: _____

Title: _____

Date: _____

Date: _____