

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: Office of Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: BestSelf Behavioral Health, Inc. Contract Number: C028417
 Contract Start Date: 02/01/2019 Contract End Date: 01/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
CFRT Coordinator 11-9111.00	1.00	7,904.00	\$225,825.00
	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	\$0.00
Total this Page	1.00	7,904.00	\$225,825.00
Grand Total			

Name of person who prepared this report: Howard Hitzel, Psy.D.

Title: President/CEO

Phone #: 716-842-0440

Preparer's Signature:

Date Prepared: 3/29/2019