

OSC Use Only:
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

FORM A

C028478
CFSal

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Welfare Research, Inc.</u>	Contract Number: <u>TBD</u>
Contract Start Date: <u>2/1/2019</u>	Contract End Date: <u>1/31/22</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-9151.00	1	5,700	\$242,616.00
Total this page		5,700	\$ \$242,616.00
Grand Total		5,700	\$ \$242,616.00

* Three-year contract amount

Name of person who prepared this report: Darlene Ward

Title: Executive Director Phone #: 518-713-4726

Preparer's Signature: *Darlene Ward*

Date Prepared: 12/5/2018