

<b>OSC Use Only:</b>	
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**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>CUNY Research Foundation</u>	<b>Contract Number:</b> <u>C028481</u>
<b>Contract Start Date:</b> <u>12/31/2018</u>	<b>Contract End Date:</b> <u>12/30/2019</u>

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
43-1011.00 Admin Support.	1	1,103	\$15,000.00
11-3131.00 Regional Coordinator	2	2,205	\$67,500.00
111-9199.00 Coord. & Assoicat	4	8,820	\$174,500.00
11-1011.00 Dept. Exec. Dir.	1	1,103	\$52,910.00
27-2012.03 Program Director	4	6,615	\$154,700.00
13-2030 Budget & Admin Mg.	1	2,205	\$36,970.00
13-2031.00 Policy Analyst	1	2,205	\$52,000.00
13-1151.00 Training & Devel.	5	11,025	\$211,720.00
13-1071.00 Reg. Support Specl.	2	4,410	\$60,000.00
<b>Total this page</b>			\$ 825300
<b>Grand Total</b>			\$ 825,300.00

**Name of person who prepared this report:** Stephanie Woodard

**Title:** Senior Policy Analyst **Phone #:** 518-486-4690

**Preparer's Signature:** *Steph Woodard*

**Date Prepared:** 8/23/2019

(Use additional pages, if necessary)