

<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>Prevent Child Abuse NY, Inc.</u>	<b>Contract Number:</b> <u>C028493</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
11-1011.00	1	91	\$4,510.00
21-1099.00	4	5,733	\$142,264.00
11-3031.01	1	91	\$3,958.00
13-1121.00 Meeting Planners 10			\$100,000.00
11-3131.00 Facilitators 10			\$40,000.00
15-1134.00 Website/soc media			\$5,000.00
11-2011.00 Media outreach			\$5,000.00
11-3011.00 Facility Fee 30			\$7,500.00
15-2041.02 Data analysis			\$75,000.00
<b>Total this page</b>			\$ 383,232.00
<b>Grand Total</b>			\$ 383,232.00

**Name of person who prepared this report:** K Weller

**Title:** Project Manager **Phone #:** 518-454-0158

**Preparer's Signature:** 

**Date Prepared:** 7/31/2019

(Use additional pages, if necessary)