

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

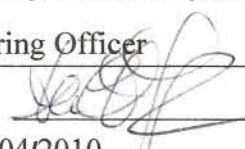
FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>ALAN H KRYSTAL PC</u>	Contract Number: <u>S010021</u>
Contract Start Date: <u>3/1/19</u>	Contract End Date: <u>2/29/24</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
23-1021.00	0	1440	\$55,000.00
Total this page			\$
Grand Total			\$

Name of person who prepared this report: ALAN H KRYSTAL

Title: Contract Hearing Officer **Phone #:** 631-416-7001

Preparer's Signature: 

Date Prepared: 04/04/2010

(Use additional pages, if necessary) Page of