

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>NANCY LEDERMAN</u>	Contract Number: _____
Contract Start Date: <u>3/1/2019</u>	Contract End Date: <u>2/29/2024</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
23-1021.00	0	300 (year) ^{per}	20,000 (year) ^{per} 100,000 (5 years)
Total this page	0		\$
Grand Total	0	3.00	\$20,000 \$

Name of person who prepared this report: NANCY LEDERMAN

Title: Contract Hearing Officer Phone #: 212-242-5482

Preparer's Signature: Nancy Lederman

Date Prepared: 3/26/19

(Use additional pages, if necessary)