

**APPENDIX I
Consultant Disclosure
Form A**

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

FORM A

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

| | |
|---|------------------------------|
| State Agency Name: | Agency Code: |
| Contractor Name: Families Together In NYS, In | Contract Number: C021040 |
| Contract Start Date: 7/1/2019 | Contract End Date: 6/30/2024 |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|--------------------------------------|---------------------|------------------------------|-----------------------------------|
| Training & Consultation (13-1151.00) | 2.96 | 26936 | \$ 1,160,106.00 |
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| Total this page | 2.96 | 26936 | \$ 1,160,106.00 |
| Grand Total | | | |

Name of person who prepared this report: Yvette Mc Intosh-Sauer
 Title: Director of Finance Phone #: 518-432-0333 x13
 Preparer's Signature: Yvette Mc Intosh-Sauer
 Date Prepared: 6/10/2019
 (Use additional pages, if necessary) Page of

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| State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term |
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| | |
|--------------------------------------|-------------------------------------|
| State Agency Name: <i>CCSI</i> | Agency Code: |
| Contractor Name: <i>NYU</i> | Contract Number: <i>C021040</i> |
| Contract Start Date: <i>7/1/2019</i> | Contract End Date: <i>6/30/2024</i> |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|------------------------|---------------------|------------------------------|-----------------------------------|
| 21-1029.00 | 2 | 800 | \$ 140,000.00 |
| 15-2041.00 | 1 | 400 | 70,000.00 |
| 19-3031.02 | 1 | 400 | 70,000.00 |
| 43-9199.00 | 1 | 400 | 70,000.00 |
| 29-1141.00 | 1 | 400 | 70,000.00 |
| 21-1014.00 | 1 | 400 | 70,000.00 |
| 11-1011.00 | 2 | 800 | 140,000.00 |
| 13-2099.00 | 1 | 400 | 70,000.00 |
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| Total this page | 10 | 4000 | \$ 700,000.00 |
| Grand Total | | | |

Name of person who prepared this report: *Joslyn Teter*
 Title: *Senior Manager, Consulting Services* Phone #: *5856137624*
 Preparer's Signature: _____
 Date Prepared: *6/6/2019*

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| State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term |
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| | |
|--------------------------------------|------------------------------|
| State Agency Name: NYS OMH | Agency Code: |
| Contractor Name: New York University | Contract Number: C021040 |
| Contract Start Date: 7/1/2019 | Contract End Date: 6/30/2024 |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|-------------------------------------|---------------------|------------------------------|-----------------------------------|
| Medical Scientist (Sally) | 1 | 1820 | \$ 200,353.00 |
| Community/Social Service Specialist | 2 | 13650 | 671,258.00 |
| Social Science Research Assistant | 1 | 7280 | 180,826.00 |
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| Total this page | 4 | 22750 | \$ 1,052,437.00 |
| Grand Total | | | |

Name of person who prepared this report: Neela Jain
 Title: Senior Grants Manager
 Preparer's Signature: Neela Jain Phone #: (646) 754-5084
 Date Prepared: 6/6/2019
 (Use additional pages, if necessary) Page of

