

<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**

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Fatherhood Connection, Inc.</u>	Contract Number: <u>C029089</u>
Contract Start Date: <u>06/01/2021</u>	Contract End Date: <u>12/30/2022</u>

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Chief Executive 11-1011.00	1	3,120	\$132,000.00
Executive Admin. 43-6011.00	1		\$45,000
<b>Total this page</b>			<b>\$ 177,000</b>
<b>Grand Total</b>			<b>\$ \$177,000.00</b>

Name of person who prepared this report: Reginald L. Cox  
 Title: CEO Phone #: (585) 284-2445  
 Preparer's Signature: Reginald L. Cox  
 Date Prepared: 6/14/2021