

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

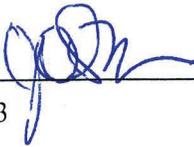
State Agency Name: NYS Office of Children and Family Services
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Research Foundation of SUNY Contract Number: C029711
 Contract Start Date: 3/1/2023 Contract End Date: 9/30/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Web Developers	2.00	504.00	\$50,000.00
Web Administrator	1.00	611.00	\$55,000.00
Physicians, all others	3.00	877.00	\$95,568.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	6.00	1,992.00	\$200,568.00
Grand Total	6.00	1,992.00	\$200,568.00

Name of person who prepared this report: JoAnne Race

Title: Project Manager

Phone #: 315-480-5688

Preparer's Signature:  _____

Date Prepared: 6/20/2023