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| 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

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|--|--------------------------------------|
| State Agency Name: <u>NYS Office of Children and Family Services</u> | Agency Code: <u>3400000</u> |
| Contractor Name: <u>Innovative Consultant Resources LLC</u> | Contract Number: <u>C029729</u> |
| Contract Start Date: <u>10/01/2023</u> | Contract End Date: <u>09/30/2026</u> |

| Employment Category <small>http://www.onetcodeconnector.org/</small> | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|------------------------|---------------------------------|--------------------------------------|
| 43-6011.0 | 1 | 6,240 | \$468,000 |
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| Total this page | | | \$ 468,000 |
| Grand Total | 1 | 6,240 | \$ 468,000.00 |

Name of person who prepared this report: Natasha C. McCain

Title: Member Phone #: 518.522.6548

Preparer's Signature: 

Date Prepared: 05/19/2023

(Use additional pages, if necessary)