

AC 3271-S (Effective 4/12)

**FORM A**

<p><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: Office of Children and Family Services	
State Agency Department ID: 3400000	Agency Business Unit: CFS01
Contractor Name: Best Self Behavioral Health Inc.	Contract Number: C029933
Contract Start Date: 2/1/2024	Contract End Date: 1/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Director of Outreach and Children's Advocacy 11.9111.00	1.00	5,354.00	\$241,200.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	5,354.00	\$241,200.00
<b>Grand Total</b>	<b>1.00</b>	<b>5,354.00</b>	<b>\$241,200.00</b>

Name of person who prepared this report: Katie Morreale, C.P.A  
 Title: Vice President of Finance Phone #: 716-842-0440 x 1117  
 Preparer's Signature: *Katie Morreale*  
Katie Morreale (Jan 5, 2024 14:26 EST)  
 Date Prepared: 01/05/2024