

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: Office of Children and Family Services | Agency Business Unit: CFS01 |
| State Agency Department ID: 3400000 | Contract Number: C029941 |
| Contractor Name: Crime Victims Assistance Ctr Inc | Contract End Date: 1/31/2029 |
| Contract Start Date: 2/1/2024 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|-------------------------------------|---------------------|------------------------------|-----------------------------------|
| Chief Executive Officer 11-1011.00 | 1.00 | 841.00 | \$34,494.00 |
| Chief Financial Officer 11-1011.00 | 1.00 | 833.00 | \$25,836.00 |
| CAC Coordinator 11.9111.00 | 1.00 | 1,684.00 | \$43,802.00 |
| Family Advocate 21-1093.00 | 1.00 | 1,104.00 | \$19,327.00 |
| Office Manager 11-9199.00 | 1.00 | 552.00 | \$10,490.00 |
| Chief Operations Officer 11-1011.00 | 1.00 | 833.00 | \$25,836.00 |
| | 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 | 5,847.00 | \$159,785.00 |
| Grand Total | 6.00 | 5,847.00 | \$159,785.00 |

Name of person who prepared this report: _____

Title: CEO Phone #: 607 765-3699

Preparer's Signature: [Signature]

Date Prepared: 1/21/2024