

<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**

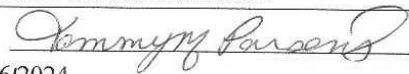
**FORM A**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>Early Care &amp; Learning Council</u>	<b>Contract Number:</b> <u>C030005</u>
<b>Contract Start Date:</b> <u>3/1/2024</u>	<b>Contract End Date:</b> <u>2/28/2025</u>

<b>Employment Category</b> <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	<b>Number of Employees</b>	<b>Number of hours to be worked</b>	<b>Amount Payable Under the Contract</b>
11-1011.00	1	91	\$10,501.31
11-1021.00	1	1,274	\$102,967.36
11-2021.00	1	182	\$9,460.97
11-3031.00	1	27	\$1,760.32
43-3031.00	1	18	\$850.45
43-6014.00	1	18	\$733.95
15-2051.00	1	91	\$5,126.00
43-9061.00	1	18	\$865.60
436014	1	910	\$33,785.00
<b>Total this page</b>	9	2,629	\$ 166,050.96
<b>Grand Total</b>	9	2,629	\$ \$166,050.96

**Name of person who prepared this report:** Tammy Parsons

**Title:** Director of Finance and Administration      **Phone #:** (518) 690-4217

**Preparer's Signature:** 

**Date Prepared:** 1/16/2024

(Use additional pages, if necessary)