

**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  
 State Agency Department ID: 3400000 Agency Business Unit: CFS01  
 Contractor Name: Susan Kolock Contract Number:  
 Contract Start Date: 7/19/2023 Contract End Date: 7/18/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Business Analyst	1.00	4,000.00	\$260,000.00
	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	4,000.00	\$260,000.00
<b>Grand Total</b>	1.00	4,000.00	\$260,000.00

Name of person who prepared this report: Brian Washock

Title: Children & Family Services Specialist 3

Phone #: 518-402-9483

Preparer's Signature: 

Date Prepared: 7/19/2023