

FORM A

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

New York State Education Department Agency Code: SED01

State Consultant Services - Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term

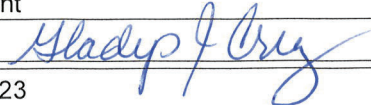
Contractor Name: Questar III BOCES **Contract Number:** 23-018
Contract Start Date: 7/1/2023 **Contract End Date:** 6/30/2026

Employment Category	Employment Title	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1121	TAC Coordinator	0.50	1040	131,363
43-9061	Coordination Assistant	0.25	520	34,773
43-9061	Professional Learning Specialist	0.30	624	83,454
13-1151	SPN - Professional Learning/ Trainings	N/A	N/A Subcontractor	149,000
Total this page		1.050	2,184	398,590
Grand Total		1.050	2,184	398,590

Name of person who prepared this report: Dr. Gladys I. Cruz

Title: District Superintendent

Phone #: (518) 477 - 8771

Preparer's Signature: 

Date Prepared: 10/27/2023

INSTRUCTIONS FOR COMPLETING FORM A

Provide all planned employment that is anticipated, from the contract start date through the end of the contract term. You should include information for all employees providing service under the contract whether employed by the contractor or a subcontractor and whether full or part-time.

- 1. Employment Category and Employment Title:** select the specific occupation(s), as listed in O*NET occupational classification system, which best describe the employees providing services under the contract.

Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <https://www.onetonline.org/> to find a list of occupations.

List both the Employment Category Code and the Title.

- 2. Number of Employees:** By employment category, list the number of persons employed to provide services under this contract.
- 3. Number of hours to be worked:** list the number of hours to be worked in each employment category.
- 4. Amount Payable Under the Contract:** report the total amount to be paid to the Contractor by the State under the contract, for work performed by these employees.
- 5. Total this page:** From the first page, total the number of employees, number of hours worked and amount payable under this contract.
- 6. Grand total:** If using additional pages, use this line to add first page plus additional page(s) and enter the grand total for number of employees, hours worked and amount payable.
- 7. Contact information:** Please complete the requested information at the bottom of the page. If there are questions regarding this form, this is the person we will contact. Return the completed form with the contract or to your contract administrator.