

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: **NYS Office of Victim Services**

State Agency Department ID: 1080200 Agency Business Unit: OVS01  
 Contractor Name: The Research Foundation for SUNY at New Paltz Contract Number: CIDMH2016  
 Contract Start Date: 1/12/2016 Contract End Date: 1/11/2017

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-9199.00	2	513.25	\$41,724.92
13.1199.00	2	750.00	\$39,695.19
25-1191.00	2	183.00	\$4,742.08
Total this page	6	1446.25	\$ 86,162.19
<b>Grand Total</b>	6	1446.25	\$ 86,162.19

Name of person who prepared this report: Kathleen Baker

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Preparer's Signature: *Kathleen Baker*

Date Prepared: 4/29/2016

(Use additional pages, if necessary)