

OSC Use Only:
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

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>NYSSILR-Cornell University</u>	Contract Number: <u>LDST07</u>
Contract Start Date: <u>01/01/2017</u>	Contract End Date: <u>12/31/2017</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
25-9099.00 Education, Training and Library Workers, All Other	1	630	\$68,246.00
13-111.00 Management Analyst	5	540	\$49,942.00
Total this page	6	1,170	\$ 118,187
Grand Total	6	1,170	\$ \$118,187.00

Name of person who prepared this report: Gloria Loehle

Title: Grant and Contract Associate **Phone #:** 607-254-8933

Preparer's Signature: 

Date Prepared: 12/01/2016

(Use additional pages, if necessary)