

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>PAMELA A. CLARK</u>	Contract Number: _____
Contract Start Date: <u>11</u>	Contract End Date: <u>11</u>

Employment Category <small>http://www.gonecodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>21-1029.00</u>	<u>0</u>	<u>200</u>	<u>\$1,250 / DAY X 35 DAYS</u>
Total this page	<u>0</u>	<u>200</u>	\$
Grand Total	<u>0</u>	<u>200</u>	\$ <u>43,750</u>

Name of person who prepared this report: PAMELA A. CLARK

Title: SOLE PROPRIETOR/CONSULTANT Phone #: 612 371 7455

Preparer's Signature: PAMELA A. CLARK

Date Prepared: 4/17/17