

FORM A

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: <u>Division of Criminal Justice Services</u> Agency Code: <u>01490</u> Contractor Name: <u>NYS COALITION AGAINST SEXUAL ASSAULT</u> Contract Number: <u>1002156</u> Contract Start Date: <u>4/1/17</u> Contract End Date: <u>3/31/18</u>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
21-1019.00 COUNSELLORS, ^{ALL} OTHER	18	3519	\$225,000.00
<i>TOTAL</i>	18	3519	\$225,000.00

Name of person who prepared this report: <u>JOANNE ZANNONI</u> Title: <u>EXECUTIVE DIRECTOR</u> Phone #: <u>518-482-4222 x312</u> Preparer's Signature: <u><i>Joanne Zannoni</i></u> Date: <u>5-16-17</u> Prepared:
