

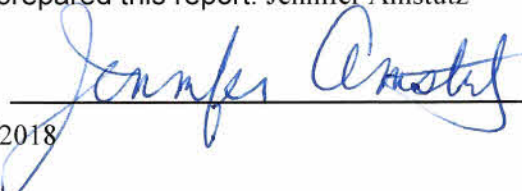
0V501-CJAS 2018 - 1080200

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: Office of Victim Services
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: J.A. Strategies, LLC Contract Number: _____
 Contract Start Date: 03/02/2018 Contract End Date: 02/28/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Owner	1.00	630.00	\$58,500.00
Trainer	1.00	490.00	\$45,500.00
Program Coordinator	1.00	140.00	\$13,000.00
Administrative Support	1.00	70.00	\$3500.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	4.00	1,330.00	\$117,000.00
Grand Total	4.00	1,330	\$117,000.00

Name of person who prepared this report: Jennifer Amstutz
 Title: Principal Phone #: 518-461-4773
 Preparer's Signature: 
 Date Prepared: 03/01/2018