

<b>OSC Use Only:</b>
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**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>New York State Technology Corporation</u>	<b>Contract Number:</b> <u>PN69178</u>
<b>Contract Start Date:</b> <u>2/1/2023</u>	<b>Contract End Date:</b> <u>8/31/2023</u>

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3021.00	6	2,235	\$410,964.60
<b>Total this page</b>	6	2,235	\$ 410,964.60
<b>Grand Total</b>	6	2,235	\$ \$410,964.60

**Name of person who prepared this report:** Kevin M. Owens

**Title:** President & CEO **Phone #:** 518-852-1906

**Preparer's Signature:** *Kevin M Owens*

**Date Prepared:** 3/15/2023