

**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: NYS Office of Children and Family Services  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: Amy Bissada Contract Number: \_\_\_\_\_  
 Contract Start Date: 11/1/2017 *5010198* Contract End Date: / /

*CFS01 - ~~6028156~~ 3400000*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1066.00	1.00	<i>816<sup>SD</sup></i> 0.00	<i>\$285,600<sup>SD</sup></i> \$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	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	<i>816<sup>SD</sup></i> 0.00	<i>\$285,600<sup>SD</sup></i> \$ 0.00
<b>Grand Total</b>	0.00		

Name of person who prepared this report: Amy Bissada  
 Title: psychiatrist Phone #: 8327460852  
 Preparer's Signature: *Amy Bissada*  
 Date Prepared: 9/13/2017