

FORM A

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| OSC Use Only: Reporting Code: Category Code: Date Contract Approved: |
|---|

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

| | |
|---------------------------------|-------------------------------|
| State Agency Name: | Agency Code: |
| Contractor Name: | Contract Number: |
| Contract Start Date: 01/01/2019 | Contract End Date: 12/31/2023 |

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| 11-1011 Chief Executive | 3 | 8,775 | 436,136 |
| 11-9151 Social & Community Service Managers | 3 | 29,250 | 1,045,706 |
| 43-6011.00 Executive Administrative Assistant | 1 | 2,925 | 84,167 |
| 15-1142 Network and Computer Systems Admin | 1 | 9,750 | 382,575 |
| 13-2011.00 Accountant | 1 | 188 | 15,000 |
| 13-2011.02 Auditor | 1 | 206 | 25,715 |
| 11-3021.00 Computer Systems Managers | 1 | 130 | 21,430 |
| 43-3051.00 Payroll and Timekeeping Clerks | 1 | 130 | 10,715 |
| 15-1141.00 Database Administrator | 1 | 556 | 75,000 |
| | | | |
| | | | |
| | | | |
| Fringe 25% | | | |
| Travel | | | |
| Equipment | | | |
| Space/Property/Utilities | | | |
| Operating Expenses | | | |
| Total this page | 13 | 51,910 | \$ 2,096,444 |
| Grand Total | | | |

Name of person who prepared this report:

Title: Executive Director

Phone #: 518.867.4084

Preparer's Signature:

James M. ...

Date Prepared:

11/10/30/18

(Use additional pages, if necessary)