

OSC Use Only:	
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

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Eye Vision Associates</u>	Contract Number: <u>C027802</u>
Contract Start Date: <u>3/1/16</u>	Contract End Date: <u>4/30/21</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>Low Vision Optometry 29-1041.00</u>	<u>2</u>	<u>3+ hrs/week</u>	<u>250,000 / 5yrs.</u>
Total this page			\$
Grand Total			<u>250,000</u> \$

Name of person who prepared this report: Kristin Protescu
 Title: Optometrist OD Phone #: 631 - 588-5700
 Preparer's Signature: [Signature]
 Date Prepared: 3/21/16