

<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>Sight Improvement Center Inc.</u>	<b>Contract Number:</b> <u>C027803</u>
<b>Contract Start Date:</b> <u>05/01/2016</u>	<b>Contract End Date:</b> <u>04/30/2021</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
<u>29-1069.06</u>	<u>1</u>	<u>950</u>	<u>\$ 237,500</u>
<b>Total this page</b>			<u>\$ 237,500</u> \$
<b>Grand Total</b>			<u>\$ 237,500</u> \$

**Name of person who prepared this report:** Robert Kennedy

**Title:** EMS-II      **Phone #:** (518) 474-7785

**Preparer's Signature:** \_\_\_\_\_

**Date Prepared:** 06/10/2016