

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>CBH Medical, P.C.</u>	Contract Number: <u>C027866</u>
Contract Start Date: <u>6/15/2016</u>	Contract End Date: <u>6/14/2017</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1065.00	1	416	\$42,355.95
29-1071.00	1	2,080	\$162,140.16
29-1111.00	8	9,984	\$491,519.71
43-9061.00	1	1,248	\$26,160.30
Total this page	11	13728	\$ 722176.12
Grand Total	11	13728	\$ 722176.12

Name of person who prepared this report: Stephen B. Knowlton, III

Title: Authorized Agent **Phone #:** 215-542-5800

Preparer's Signature: 

Date Prepared: 10/31/2016

(Use additional pages, if necessary)