

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: Office of Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Child at risk response team of Schoharie County, Inc Contract Number: C028419
 Contract Start Date: 02/01/2019 Contract End Date: 01/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
CFRT Coordinator 11-9111.00	1.00	9,360.00	\$19,405.00
CFRT Coordinator 11-9111.00	0.00	1,040.00	\$2,160.00
	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	10,400.00	\$21,565.00
Grand Total			

Name of person who prepared this report: Ruey Schell
 Title: _____ Phone #: 518-295-2021
 Preparer's Signature: [Signature]
 Date Prepared: 3/29/19