

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>CRAIG TESSLER</u>	Contract Number: <u>5010214</u>
Contract Start Date: <u>3/19/2019</u>	Contract End Date: <u>2/29/2024</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>23-1021.00</u>	<u>1</u>	<u>1,250</u>	<u>\$125,000.</u>
Total this page			\$
Grand Total			\$

Name of person who prepared this report: CRAIG TESSLER

Title: SOLE PROPRIETOR Phone #: 917 821 8900

Preparer's Signature: *Craig Tessler*

Date Prepared: 3/29/2019

(Use additional pages, if necessary)