

<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**

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Amy Cohen</u>	Contract Number: <u>5010215</u>
Contract Start Date: <u>3 / 1 / 19</u>	Contract End Date: <u>2 28 / 24</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>23-1021.00</u>	<u>self employed</u>	<u>800</u>	<u>80,000</u>
<b>Total this page</b>			\$
<b>Grand Total</b>			\$

Name of person who prepared this report: Amy Cohen

Title: Contract Hearing Officer Phone #: 518 461 3651

Preparer's Signature: Amy Cohen

Date Prepared: 3 21 / 19

(Use additional pages, if necessary)