

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 Victim Services	Agency Business Unit:
State Agency Department ID: 1080200	Contract Number: C10806
Contractor Name: J.A. Strategies, LLC	Contract End Date: 09/30/2021
Contract Start Date: 07/01/2019	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Owner	1.00	1,368.00	\$171,000.00
Trainer	1.00	1,368.00	\$171,000.00
Program Coordinator	1.00	448.00	\$33,600.00
Administrative Support	1.00	464.00	\$11,600.00
	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	4.00	3,648.00	\$387,200.00
Grand Total	4.00	3,648.00	\$387,200.00

Name of person who prepared this report: Jennifer Amstutz
 Title: Principal
 Preparer's Signature:  Phone #: 518-461-4773
 Date Prepared: 08/06/2019