

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>Chapin Hall at the University of Chicago</u>	Contract Number: <u>C028911</u>
Contract Start Date: <u>01/01/2020</u>	Contract End Date: <u>12/31/2021</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Social Scientists & Related	10	3,955	\$604,905.00
Total this page			\$ 604905
Grand Total			\$ \$604,905.00

Name of person who prepared this report: Joanne Pearlman

Title: Director of Financial Operations **Phone #:** 773.256.5222

Preparer's Signature: _____

Date Prepared: 08/31/2020

(Use additional pages, if necessary)