**OSC Use Only:** 

Reporting Code:

Category Code:

**Date Contract Approved:** 

## **FORM A**

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health

Agency Code: 12000

Contractor Name: The New York State Association of County

Contract Number: C037071

**Health Officials** 

Contract Start Date: 09/01/2021

Contract End Date: 06/30/2024

			1		
	Number of	Number of hours	Amount Payable		
Employment Category	Employees	to be worked	Under the Contract		
11-1011.00 Chief Executive	1	1383.20	74,191		
11-3131.00 Training & Dev Mng	2	2839.20	100,283		
13-1151.00 Training & Dev Spc.	2	2893.80	78,558		
13.1121.00 Event Planner	1	1656.2	37,366		
43-6014.00 Sec & Admin Asst.	1	1001	22,627		
Total this page	0	0	\$ 0.00		
Grand Total	7	9773.40	222825		

Name of person who prepared this report: Sarah Rayenha	Name	of pe	rson w	ho pre	pared th	his repo	ort: Sara	h Rave	nhal
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Title: Executive Director

Phone #: 5184758905

Preparer's Signature: South Rowenhall

Date Prepared: 11/18/2021

(Use additional pages, if necessary)

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