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 Children and Family Services

State Agency Department ID: 3400000 Contractor Name: Schenectady County

Contract Start Date: 2/1/2024

Agency Business Unit: CFS01

Contract Number: C030027 Contract End Date: 1/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Child Advocacy Center Education and Support Specialist 21-1091.00	1.00	10,400.00	\$325,000.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	10,400.00	\$325,000.00
Grand Total	1.00	10,400.00	\$325,000.00

Name of person who prepared this report:

Title: Director Schene Hade Con

lasey

Phone #: (5/8) 388-4668

Preparer's Signature:

Date Prepared: 6/29 20 24

(Use additional pages, if necessary)

Page

of