

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

Agency Business Unit: CFS01

Contractor Name: Oneida County

Contract Number: C030028

Contract Start Date: 2/1/2024

Contract End Date: 1/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
CFRT Coordinator/Program Coordinator 11-9-111.00	1.00	1,386.00	\$34,665.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	1,386.00	\$34,665.00
Grand Total	1.00	1,386.00	\$34,665.00

Name of person who prepared this report:

Title: Deputy Commissioner - Finance

Phone #: 315 798-5260

Preparer's Signature: Dorothy Stetson

Date Prepared: 3/15/24

(Use additional pages, if necessary)

Page of