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: Cayuga Counseling Services,

Inc.

Contract Number: C030029 Contract End Date: 1/31/2029

Contract Start Date: 2/1/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Chief Operating Officer 11-1011.00	1.00	53.00	\$3,375.00
Program Director 11-1021.00	1.00	660.00	\$27,748.00
Prevention & Education Coordinator 11-2011.00	1.00	2,290.00	\$45,842.00
Program Coordinator 11-9.111.00	1.00	3,240.00	\$77,758.00
	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	6,243.00	\$154,723.00
Grand Total			

Name of person who prepared this report: Kara Traff Title: Grants and Contract Specialist Preparer's Signature:	Phone #:315-253-9795
Date Prepared: 4/19/24	