

## FORM A

**New York State Consultant Services**  
**Contractor's Planned Employment**  
 From Contract Start Date Through the End of the Contract Term

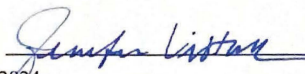
State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: C030351
Contractor Name: Together for Youth	Contract End Date: 07/31/2029
Contract Start Date: 08/01/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1014.00 Mental Health Counselors	11.00	2,920.00	\$316,440.00
11-9111.00 Medical and Health Service Managers	5.00	1,140.00	\$123,060.00
	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
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	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	16.00	4,060.00	\$439,500.00
<b>Grand Total</b>	<b>16.00</b>	<b>4,060.00</b>	<b>\$439,500.00</b>

Name of person who prepared this report: Jennifer Liptak

Title: Financial Analyst

Phone #: 518-929-6528

Preparer's Signature: 

Date Prepared: 07/25/2024

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(Use additional pages, if necessary)