## **FORM A**

| OSC Use Only:           |  |
|-------------------------|--|
| Reporting Code:         |  |
| Category Code:          |  |
| Date Contract Approved: |  |

## New York State Education Department Agency Code: SED01

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

Contractor Name: Southern Tier Independence

Center

Contract Number: C015315

Contract Start Date: July 1, 2024

Contract End Date: June 30, 2029

|                 |  |           | Number of   | Amount<br>Payable |
|-----------------|--|-----------|-------------|-------------------|
| Employment      | Employment                             | Number of | hours to be | Under the         |
| Category        | Title                                  | Employees | worked      | Contract          |
|                 |  |           |             |                   |
| 25-9031.00      | EC FACE Family Engagement Specialist   | 1         | 10,400      | 466,989           |
| 21-1093.00      | EC FACE Research & Referral Specialist | 1         | 10,400      | 359,995           |
| 25-9031.00      | SA FACE Family Engagement Specialist   | 1         | 10,400      | 497,123           |
| 21-1093.00      | SA FACE Research & Referral Specialist | 1         | 10,400      | 360,687           |
|                 |  |           |             |                   |
|                 |  |           |             |                   |
|                 |  |           |             |                   |
|                 |  |           |             |                   |
|                 |  |           |             |                   |
|                 |  |           |             |                   |
|                 |  |           |             |                   |
|                 |  |           |             |                   |
| Total this page |  |           |             | 1,684,794         |
| Grand<br>Total  |  | 4         | 41,600      | 1,684,794         |

| Name of person who prepared this report: JoEllen Dorak | (                      |
|--|------------------------|
| Title: Controller                                      | Phone #: (607)724-2111 |
| Preparer's Signature:                                  |                        |
| Date Prepared: 01/02/2025                              |                        |
| (Use additional pages, if necessary)                   | Page1of 1              |