

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: Resources for Children with
Special Needs, Inc. (dba INCLUDEnyc)**Contract Number:** C015321**Contract Start Date:** 07/01/2024**Contract End Date:** 06/30/2029

Employment Category	Employment Title	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1151.00	Training and Development Specialists	10 FTE	104,000 (40 per week; 2,080 per annum)	\$5,964,919
21-1099.00	Community & Social Service Specialists, All Other	15 FTE	156,000 (40 per week; 2,080 per annum)	7,894,745
11-9151.00	Social & Community Service Managers	1 FTE	10,400 (40 per week; 2,080 per annum)	1,315,791
Total this page		26 FTE	270,400	\$15,175,455
Grand Total				\$15,175,455

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Date Prepared: 12/06/2024

(Use additional pages, if necessary)

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INSTRUCTIONS FOR COMPLETING FORM A

Provide all planned employment that is anticipated, from the contract start date through the end of the contract term. You should include information for all employees providing service under the contract whether employed by the contractor or a subcontractor and whether full or part-time.

- 1. Employment Category and Employment Title:** select the specific occupation(s), as listed in O*NET occupational classification system, which best describe the employees providing services under the contract.

Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <https://www.onetonline.org/> to find a list of occupations.

List both the Employment Category Code and the Title.

- 2. Number of Employees:** By employment category, list the number of persons employed to provide services under this contract.
- 3. Number of hours to be worked:** list the number of hours to be worked in each employment category.
- 4. Amount Payable Under the Contract:** report the total amount to be paid to the Contractor by the State under the contract, for work performed by these employees.
- 5. Total this page:** From the first page, total the number of employees, number of hours worked and amount payable under this contract.
- 6. Grand total:** If using additional pages, use this line to add first page plus additional page(s) and enter the grand total for number of employees, hours worked and amount payable.
- 7. Contact information:** Please complete the requested information at the bottom of the page. If there are questions regarding this form, this is the person we will contact. Return the completed form with the contract or to your contract administrator.