

ATTACHMENT H

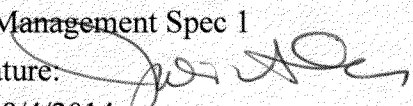
OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

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

State Agency Name: NYS Western NY Children's PC Contractor Name: Barbara J. Pericozzi Contract Start Date: 11/1/2014	Agency Code: 50810 Contract Number: OMH01-S000601-3650656 Contract End Date: 10/31/2018
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Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
21-1021.00 Family Advocate	Self	960 hrs annually	28,800 1st year
		960 hrs annually	28,800.00 2 nd year
		960 hrs annually	29,760.00 3 rd year
		960 hrs annually	31,680.00 4 th year
Year 3 & 4 reflects a 3% increase		TOTAL for 4 years	= \$119,040.00
Total this page			
Grand Total			

Name of person who prepared this report: Julie Oryell
 Title: Contract Management Spec 1
 Preparer's Signature: 
 Date Prepared: 8/4/2014
 (Use additional pages, if necessary)

Phone #: 518-549-5204
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1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, online at online.onetcenter.org to find a list of occupations.)