

OSC Use Only:	
Reporting Code:	
Category Code:	<u>MZ</u>
Date Contract Approved:	

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>WESTERN NEW YORK SPEECH-LANGUAGE PATHOLOGIST, OT and PT CONSULTANTS PLLC</u>	Contract Number: <u>C022801</u>
Contract Start Date: <u>3/1/16</u>	Contract End Date: <u>2/28/21</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<u>29-1127.00 SD</u> SPEECH LANGUAGE PATHOLOGIST	<u>1</u>	<u>2550 hrs over 5 yrs SD</u>	<u>\$663,000^S HALF HOUR</u>
<u>25,2031.00 SD</u> READING SPECIALIST	<u>1</u>	<u>2550 hrs over 5 yrs SD</u>	<u>\$663,000^S HALF HOUR</u>
Total this page	<u>2</u>	<u>5100 hrs</u>	<u>\$663,000^S</u>
Grand Total	<u>2</u>	<u>5100 hrs</u>	<u>\$663,000^S</u>

Name of person who prepared this report: ELAINE FISHER

Title: CONTROLLER Phone #: 585.924.7207

Preparer's Signature: Elaine C. Fisher

Date Prepared: 3/31/16

(Use additional pages, if necessary)