

<b>OSC Use Only:</b>	
Reporting Code:	_____
Category Code:	_____
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**

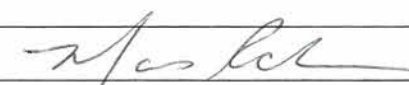
**FORM A**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>IS Consilium, Inc.</u>	<b>Contract Number:</b> <u>CO27839</u>
<b>Contract Start Date:</b> <u>07/01/2016</u>	<b>Contract End Date:</b> <u>12/31/2017</u>

Employment Category <small><a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a></small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1121.00	1	2,340	\$198,900.00
<b>Total this page</b>	1	2340	\$ 198900
<b>Grand Total</b>	1	2,340	\$ \$198,900.00

**Name of person who prepared this report:** Mark D. Rich

**Title:** Vice President **Phone #:** 5184694516

**Preparer's Signature:** 

**Date Prepared:** 05/27/2016

(Use additional pages, if necessary)