

CFS01-5010194-3400000

OSC Use Only:
Reporting Code: _____
Category Code: <u>CW</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

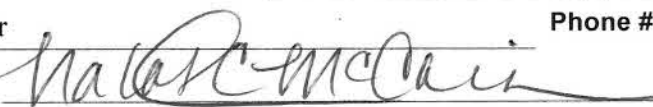
FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Natasha C. McCain</u>	Contract Number: <u>S010194</u>
Contract Start Date: <u>03/01/2017</u>	Contract End Date: <u>02/28/2020</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
43-6011.00	1	3,900	\$195,000.00
Total this page			\$
Grand Total			\$

Name of person who prepared this report: Natasha C. McCain

Title: Sole Proprietor **Phone #:** 518-522-6548

Preparer's Signature: 

Date Prepared: 10/26/2016