

OSC Use Only:	
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

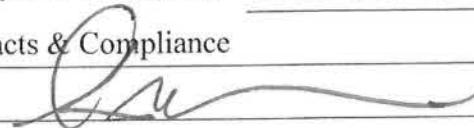
FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Chapin Hall Center for Children</u>	Contract Number: <u>C028155</u>
Contract Start Date: <u>12/01/2017</u>	Contract End Date: <u>11/30/2018</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Senior Research Fellow	1	23	\$3,112.00
Senior Researcher	2	588	\$33,919.00
Total this page			\$ 37,031.00
Grand Total			\$ \$37,031.00

Name of person who prepared this report: Kristi S. Poskus

Title: Counsel, Contracts & Compliance **Phone #:** 773-256-5173

Preparer's Signature: 

Date Prepared: 12/28/2017

(Use additional pages, if necessary)