FORM A

| OSC Use Only: | | |
|-------------------------|------|--|
| Reporting Code: | | |
| Category Code: | | |
| Date Contract Approved: | | |

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

State Agency Name: OASAS

Agency Code: 3670000

Contractor Name: Research Foundation for Mental Hygiene

Contract Number: C004259

Contract Start Date: 9/1/2017

Contract End Date: 8/31/2020

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 3.1111.00 | 11 | 3375 | 300,000 |
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| Total this page | | | |
| Grand Total | | 3375 | \$300,00 |

| Name of | person who prepared this report |
|---------|---------------------------------|
| Title: | Colleen Corcoran |

Deputy Managing Director

Preparer's Signature:

Date Prepared: 8 PSI 2017

(Use additional pages, if necessary)

Phone #:

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