FORM A

New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: Office of Children and Family ServicesState Agency Department ID: 3400000AgencyContractor Name: Nassau County DOHContraContract Start Date: 02/01/2019Contra

Agency Business Unit: CFS01 Contract Number: C028392 Contract End Date: 01/31/2024

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|-----------------------------|------------------------|---------------------------------|--------------------------------------|
| CFRT Coordinator 11-9111.00 | 1.00 | 3,432.00 | \$161,203.00 |
| CFRT Coordinator 11-9111.00 | 1.00 | 728.00 | \$34,194.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 2.00 | 4,160.00 | \$195,397.00 |
| Grand Total | | | |

Name of person who prepared this report: Law rence EISENSTEIN, MD, MPHFact Title: Commussioner Nassed County Department of Health Preparer's Signature: <u>AunuMo Moula Lun</u> Date Prepared: 3 19912019

(Use additional pages, if necessary)

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