

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 Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Cayuga Counseling Services Contract Number: C028393
 Contract Start Date: 02/01/2019 Contract End Date: 01/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Program Coordinator 11-9111.00	1.00	1,040.00	\$29,985.00
Prevention and Education Coordinator 21-1093.00	1.00	3,120.00	\$49,550.00
	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	\$79,535.00
Grand Total			

Name of person who prepared this report: Heather Petrus
 Title: Executive Director Phone #: 315-253-9795
 Preparer's Signature: Heather Petrus
 Date Prepared: 03/28/2019