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: Bivona CAC

Contract Number: C028418

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 |
|-----------------------------------|------------------------|------------------------------|--------------------------------------|
| CFRT Coordinator 11-9111.00 | 1.00 | 3,848.00 | \$172,325.00 |
| Data Specialist 11-3021.00 | 1.00 | 2,600.00 | \$42,770.00 |
| Director of Finance 13-2061.00 | 1.00 | 1,040.00 | \$41,745.00 |
| Sleep Safe Coordinator 21-1093.00 | 1.00 | 1300 | \$30,160.00 |
| | 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 | 4.00 | 0.00 | \$287,000.00 |
| Grand Total | | 8788 | |

| Name of person who prepared this report: Deborch | Posen |
|--|---------------------------|
| Title: Executive Director Preparer's Signature: | Phone #: 585 - 935 - 7808 |
| Preparer's Signature: | |
| Date Prenared: 7 /24 LC | |