

**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: Parent Education Program Contract Number: C028420  
 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
Executive Director 11-1021.00	1.00	520.00	\$20,817.00
Executive Director 11-1021.00	1.00	104.00	\$5,203.00
CFRT Coordinator 11-9111.00	1.00	5,200.00	\$104,081.00
CFRT Coordinator 11-9111.00	1.00	1,352.00	\$26,020.00
	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
<b>Total this Page</b>	4.00	7,176.00	\$156,121.00
<b>Grand Total</b>			

Name of person who prepared this report:

Title: CEO

Phone #: 716 372-8624

Preparer's Signature: 

Date Prepared:  / /