

OSC Use Only:
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM


FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Innovative Consultant Resources LLC</u>	Contract Number: <u>C028542</u>
Contract Start Date: <u>09/01/2019</u>	Contract End Date: <u>08/31/2021</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
43-6011.00	1	2,820	\$197,400.00
Total this page			\$ 197400
Grand Total			\$ 197400

Name of person who prepared this report: Natasha C. McCain

Title: Member Phone #: 518-522-6548

Preparer's Signature: 

Date Prepared: 06/20/2019

(Use additional pages, if necessary)