FORM A

CFS01-5010218-3400000

New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name OCFS State Agency Department ID 3400000 55 Contractor Name: Marsha Ausha Contract Start Date: 11100000 M.	Contract Number: SO 1001 Q 50
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Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract	
29-10do.00 psychist.	0.00	2,664 500.00	\$582,800 \$0.00	
	0.00	0.00	⁵⁹ \$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	\$0.00	
Total this Page	0.00	0.00	\$ 0.00	
Grand Total	10	2.664	\$532,800 SE	

Name of person who prepared this report: Marsha Austir Title: Psychia hwt.	Phone #:	718	548	5434
Preparer's Signature:	r none #.		3,	i i
Date Prepared: 7 / 1/ 20 (%				

(Use additional pages, if necessary)

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