

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: _____ Agency Business Unit: _____
 Contractor Name: *Ami Nagle and Associates* Contract Number: _____
 Contract Start Date: *12/31/2019* Contract End Date: *12/31/2020*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
23-1022.00 - Arbitrators, Mediators, and Conciliators	4.00	634.30	\$63,430.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	4.00	634.30	\$63,430.00
Grand Total	4.00	634.30	63430.00

Name of person who prepared this report: Ami Nagle
 Title: President
 Preparer's Signature: *Ami Nagle* Phone #: 9194394393
 Date Prepared: 5/9/2020