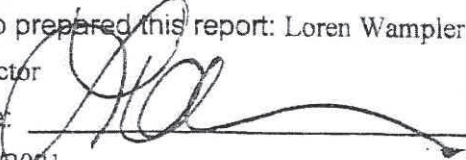


FORM A

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: CO29030
Contractor Name: Portland DBT Institute, Inc	Contract End Date: 07/31/2024
Contract Start Date: 08/01/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Educational Instruction - 25-0000	6.00	1,416.00	\$566,400.00
	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
<b>Total this Page</b>	6.00	1,416.00	\$566,400.00
<b>Grand Total</b>			

Name of person who prepared this report: Loren Wampler  
 Title: Operations Director  
 Preparer's Signature:   
 Date Prepared: 8/01/2021  
 Phone #: 503-290-3290