

OSC Use Only:

Reporting Code: _____

Category Code: CE

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: NYS Office of Children and Family ServicesAgency Code: 3400000CFSD1Contractor Name: The Culinary Institute of AmericaContract Number: C027598Contract Start Date: 06/01/2015Contract End Date: 05/31/2018

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
25-9031.01	1	700	54900
11-9039.00	1	700	36600
25-1194.00	2	400	58500
Total this page			\$ 150,000
Grand Total			\$ 150000

Name of person who prepared this report: David KamenTitle: Project ManagerPhone #: 845-451-1386Preparer's Signature: Date Prepared: 09/21/2015

(Use additional pages, if necessary)