

OSC Use Only:

Reporting Code: CF

Category Code: _____

Date Contract Approved: _____

CFS01-C027732-3400000NEW 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**CFS01State Agency Name: NYS Office of Children and Family ServicesAgency Code: 3400000Contractor Name: Results Leadership GroupContract Number: C027732Contract Start Date: 01/01/2016Contract End Date: 12/31/2016

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1111.00	1	274	\$68,500.00
15-1141.00	1	60	\$9,000.00
Total this page	2	334	\$ 77500
Grand Total			\$

Name of person who prepared this report: Nick Slabinski, CPATitle: Senior AccountantPhone #: 240-242-6929Preparer's Signature: Nick Slabinski, CPADate Prepared: 11/24/2015

(Use additional pages, if necessary)

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