

OSC Use Only:	
Reporting Code:	_____
Category Code:	_____
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: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Total Quality Associates, Inc.</u>	Contract Number: <u>C027749</u>
Contract Start Date: <u>11/15/2015</u>	Contract End Date: <u>12/31/2016</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1199.07	4	2,560	\$195,000.00
Total this page			\$ 195,000.00
Grand Total			\$ \$195,000.00

Name of person who prepared this report: Patricia Schaffer

Title: President Phone #: 518-506-5035

Preparer's Signature: *Patricia Schaffer*

Date Prepared: 10/15/2015

(Use additional pages, if necessary)