

FORM A

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: *Office of Alcoholism + Substance Abuse Services* Agency Code: *3670000*
Contractor Name: *Coats Technology Associates* Contract Number: *C004154*
Contract Start Date: *7/1/2015* Contract End Date: *6/30/2016*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Computer Systems Engineer/Architects</i>	<i>1</i>	<i>1160</i>	<i>200,000</i>
Total this page	<i>1</i>	<i>1160</i>	<i>\$ 0.00</i>
Grand Total	<i>1</i>	<i>1160</i>	<i>200,000.00</i>

Name of person who prepared this report: *Gwen Coats*

Title: *CEO*

Phone #: *518-436-7498*

Preparer's Signature: *Gwen Coats*

Date Prepared: *10/8/2015*

(Use additional pages, if necessary)