

ATTACHMENT H

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORM A

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

State Agency Name: *OMH - New York City Childrens Center* Agency Code: *OMH01*
 Contractor Name: *Melissa DUKOFSKY* Contract Number: *C000304-*
 Contract Start Date: *11/11/14* Contract End Date: *10/31/19* *365 0771*

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Dance Therapy</i>	<i>1</i>	<i>1,600</i>	<i>88,000</i>
Total this page	<i>1</i>	<i>1,600</i>	<i>88,000</i>
Grand Total	<i>1</i>	<i>1,600</i>	<i>88,000</i>

Name of person who prepared this report: *Melissa DUKOFSKY*
 Title: *President* Phone #: *516-429-2685*
 Preparer's Signature: *Melissa Dukofsky*
 Date Prepared: *9/16/14*
 (Use additional pages, if necessary) Page of

1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, online at online.onetcenter.org to find a list of occupations.)