

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: Office of Victim Services

State Agency Department ID: 1080200

Agency Business Unit:

Contractor Name: Creation and Implementation of
Crime Victims Legal Network

Contract Number: C2015EJC

Contract Start Date: up/on/sign

Contract End Date: 09/30/2016

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Lawyer 23-1011.00	0.50	1,365.00	\$40,250.00
Administrative Assistant 43.6014.00	1.00	2,730.00	\$47,500.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.50	4,095.00	\$87,750.00
Grand Total	1.50	4,095.00	\$87,750.00

Name of person who prepared this report: Anne Erickson

Title: President

Phone #: 518 462 6831

Preparer's Signature: 

Date Prepared: 07/20/2015