

FORM A

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

New York State Education Department Agency Code: SED01

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

Contractor Name: *Independent Living Inc*

3300200

Contract Number: **C012462**

Contract Start Date: **July 1, 2015**

Contract End Date: **June 30, 2020**

Employment Category	Employment Title	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>11-9199-00</i>	<i>Managers All Other</i>	<i>.90</i>	<i>9360-</i>	<i>347164-</i>
<i>21-109300</i>	<i>Social & Human Service Asst</i>	<i>2.50</i>	<i>26,000</i>	<i>547019-</i>
	<i>or Fringe</i>			<i>250,384 per</i>
Total this page		<i>340</i>	<i>35,360</i>	<i>894,233-</i>
Grand Total		<i>340</i>	<i>35,360</i>	<i>894,233-</i>

1,144,617

Name of person who prepared this report: Douglas J. Hovey

Title: Executive Director

Phone #: 845-565-1162

Preparer's Signature: *Douglas J. Hovey*

Date Prepared: *11 / 2 / 15*

(Use additional pages, if necessary)

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