

**FORM A**

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

CFS01 - 5010207 - 3400000

State Agency Name: Office of Children and Family Services  
 State Agency Department ID: 3400000<sup>SD</sup> Agency Business Unit: CFS01<sup>SD</sup>  
 Contractor Name: Alma Guerra Contract Number: S010207  
 Contract Start Date: 12/01/2018 Contract End Date: 11/30/2021

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1066.00 <sup>SD</sup>	1.00	888.00 <sup>lyr</sup>	\$932,400.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	888.00 <sup>lyr</sup>	\$932,400.00
<b>Grand Total</b>			<b>\$ 932,400.00</b>

Name of person who prepared this report: Alma Guerra  
 Title: Psychiatrist II Phone #: 608-239-3067  
 Preparer's Signature:   
 Date Prepared: 11/19/2018