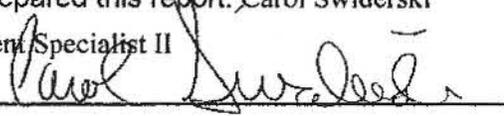


FORM A

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

| | |
|--|-------------------------------|
| State Agency Name: NYS Office of Mental Health | Agency Business Unit: OMH01 |
| State Agency Department ID: 3650000 | Contract Number: C020711 |
| Contractor Name: Families Together of NYS | Contract End Date: 12/31/2022 |
| Contract Start Date: 01/01/2018 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------------------|---------------------|------------------------------|-----------------------------------|
| Director | .80 | 7,800.00 | \$212,367.00 |
| Social Marketing/Events Coordinator | 0.58 | 5,655.00 | \$115,012.00 |
| Regional Youth Partners (5 Positions) | 5.00 | 48,750.00 | \$1,090,331.00 |
| Youth Engagement Specialist | 0.49 | 4,776.20 | \$75,093.00 |
| Administrative Assistant | 0.70 | 6,825.00 | \$114,837.00 |
| | 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 | 7.57 | 73,806.20 | \$1,607,640.00 |
| Grand Total | | | |

Name of person who prepared this report: Carol Swiderski
 Title: Contract Management Specialist II
 Preparer's Signature: 
 Date Prepared: 04/16/2018
 Phone #: 518-473-1985