

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: *NYS office of parks* Agency Code:
 Contractor Name: *American Red Cross* Contract Number: *C003408*
 Contract Start Date: *4/1/2019* Contract End Date: *3/31/2024*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Training Services</i>	<i>30</i>	<i>1320</i>	<i>\$212,900.</i>
Total this page			
Grand Total			<i>\$212,900.</i>

Name of person who prepared this report: *Lori DeNegro* Phone #: *203 583 6534*
 Title: *Regional Sales Manager*
 Preparer's Signature: *[Signature]*
 Date Prepared: *3/4/2019*