

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 Victim Services
 State Agency Department ID: 1080200 Agency Business Unit: OVS01
 Contractor Name: The Research Foundation for SUNY o/b/o Institute for Disaster Mental Health at SUNY New Paltz Contract Number: C10867
 Contract Start Date: 06 /01 / 19 Contract End Date: 09 /30 /21

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-9039-00 Education Administration-Other	4.00	4045.00	\$124,360.00
	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	4.00	4045.00	\$124,360.00
Grand Total	4.00	4045.00	\$124,360.00

Name of person who prepared this report:
 Title: Portfolio Director for Office of Sponsored Programs & Research Compliance Phone #: 845-257-3073
 Preparer's Signature: Patricia Pritchard - Patricia Pritchard
 Date Prepared: 7/26/19