

**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: OCFS  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: NYS Coalition Against Domestic Violence  
 Contract Number: C028876  
 Contract Start Date: 4/1/2020 Contract End Date: 3/31/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011.00	2.00	2,675.00	\$75,002.00
11-3031.01	1.00	1,165.00	\$19,420.00
13-1151.00	2.00	18,200.00	\$637,098.00
	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	5.00	22,040.00	\$731,520.00
<b>Grand Total</b>	5.00	22,040.00	\$731,520.00

Name of person who prepared this report: Shelle Hamil

Title: Director of Finance

Phone #: 518-482-5465 ext 206

Preparer's Signature: \_\_\_\_\_

Date Prepared: 3/31/2020