EXHIBIT C	CC28 2021

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:

FORM A

## **EXHIBIT C**

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: Contractor Name:

Agency Code:

Contract Number:

Contract Start Date: 1/1/2021

Contract End Date: 12/31/2021

Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
1	1135	50,904
2	3119	76,108
1	1227	41,138
10	6001	302,924
		237,198
		72,261
		-
,		
	U	
	1 2 1	Number of Employees         worked           1         1135           2         3119           1         1227

Name of person who prepared this report: Diana Filiano

Title: Dir. Child Welfare Training Program

Prenarer's Signature:

Date Prepared: 3/12/2021/

(Use additional pages, if necessary)

Phone #: 631-444-2801

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