

SUNY

EXHIBIT C

EXHIBIT C CC06 2021
 1166680-
 1&2-
 90574

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: _____ Agency Code: _____
 Contractor Name: _____ Contract Number: _____
 Contract Start Date: 3/31/2021 Contract End Date: 3/30/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Administrative Services Manager	2	2288	89,108
Office and Administrative Support Workers	2	765	18,842
Manager, All other	1	598	20,029
Exec Secty and Admin Assts	1	1352	38,025
Education and Development Specialists	11	830	59,550
Total Fringe			41,844
Vendor Match (included in total on budget page)			28,532
Note: Stony Brook salary+fringe=131,161 Fordham salary. 105,219 Fordham Consultants. 59,550 Total 295,930			
Total this page		0	
Grand Total	17	5833	\$295,930

Name of person who prepared this report: Diana Filiano

Title: Dir. Child Welfare Training Program

Phone #: 631-444-2801

Preparer's Signature: 

Date Prepared: 3/12/2021

Attachment 6 - INVOICE

TO:	Ms. Stephanie Ammann	Date:
ORGANIZATION:	The Research Foundation of SUNY	RF Award Number
ADDRESS:	Office of Grants Management	RF Project Number
	Stony Brook Univeristy	RF Task Number
	Stony Brook, NY 11794-3366	

FROM:	TOTAL AWARD:
REMIT PAYMENT TO:	CONTRACT PERIOD:
	INVOICE NO.:
	INVOICE PERIOD:
PHONE:	

ANALYSIS OF CURRENT AND CUMMULATIVE EXPENDITURES

Budget Category	Budget Amount	Expenditures Prior Periods	Expenditures Current Period	Expenditures to Date	Cost shared Expenditures To Date
Personnel			-	-	-
Fringe Benefits				-	
				-	
				-	
Travel				-	
Equipment				-	
Supplies				-	
Subcontract				-	
Consultants				-	
				-	
Miscellaneous Other				-	
Total Direct Costs		-	-	-	-
Indirect Cost (Indicate Rate%)				-	-
Total Costs	\$ -	\$ -	\$ -	\$ -	\$ -

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ITEMIZED EXPENSES HEREIN CONTAINED ON THIS INVOICE AND FOR WHICH COMPENSATION IS REQUESTED, ARE FOR SERVICES ACTUALLY PERFORMED AND COSTS INCURRED PURSUANT TO THE TERMS OF THE AGREEMENTS; AND THAT NO PAYMENT FOR REIMBURSEMENT OF EXPENSES HAS HERETOFORE BEEN REQUESTED OR RECEIVED BY ME FOR ANY PART THEREOF, I FURTHER CERTIFY THAT THE DOCUMENTATION CONCERNING THIS CLAIM IS ON FILE AND WILL BE MADE AVAILABLE FOR AUDIT PROPOSES TO THE RESEARCH FOUNDATION OR ANY OTHER PERSON AUTHORIZED BY THE RESEARCH FOUNDATION, INCLUDING CITY STATE, AND FEDERAL AUDITORS.

SIGNATURE OF FISCAL DESIGNEE