

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

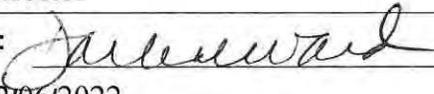
FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Welfare Research, Inc. (WRI)</u>	Contract Number: <u>TBD</u>
Contract Start Date: <u>03/01/2022</u>	Contract End Date: <u>09/30/2025</u>

Employment Category <small>http://www.onetcodeconnector.org/</small>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-9151.00 Social & Community Manager	1	1,900	\$100,724.20
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Total this page			\$ 201,448.41
Grand Total			\$ \$201,448.41

Name of person who prepared this report: Darlene Ward

Title: Executive Director **Phone #:** 518-713-4726

Preparer's Signature: 

Date Prepared: 02/06/2022

(Use additional pages, if necessary)