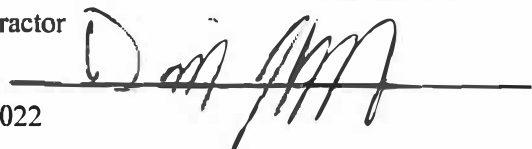


FORM A

**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: 3400000 Agency Business Unit: CFS01
 Contractor Name: David J. Hegarty, Ph.D., LMFT Contract Number: S010258
 Contract Start Date: 1/1/2023 Contract End Date: 7/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Social Worker 21-1029.00	1	204	\$ 54,900
	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	1	204	\$54,900
Grand Total	1	204	\$54,900

Name of person who prepared this report: David J. Hegarty, Ph.D., LMFT
 Title: Independent Contractor Phone #: 516-659-0022
 Preparer's Signature: 
 Date Prepared: 12/7/2022