

**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: Office of Children and Family Services  
 State Agency Department ID: 3400000 Agency Business Unit: CFS01  
 Contractor Name: Broome County Health Dept Contract Number: C029928  
 Contract Start Date: 2/1/2024 Contract End Date: 1/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
CFRT Program Manager 11-9.111.00	1.00	1,502.00	\$41,642.00
CFRT Office Manager 43-6011.00	1.00	2,542.00	\$67,763.00
Contractual CFRT Coordinator 11-9.111.00	1.00	1,440.00	\$142,385.00
	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	3.00	5,484.00	\$251,790.00
<b>Grand Total</b>	<b>3.00</b>	<b>5,484.00</b>	<b>\$251,790.00</b>

Name of person who prepared this report: Linda Mohr  
 Title: Secretary Phone #: 607-778-8886  
 Preparer's Signature: *Linda M. Mohr*  
 Date Prepared: 1/2/2024