

## Plan For Contractual Services

(Complete only for each new subcontractor)

Contractor must agree to conform to all standards developed by the NYSOFA for agreements between Program Subsponsors and Contractor. Copies of all contracts (including budgetary information) must be sent to NYSOFA no later than 30 days after the effective date of the contract. Failure to do so may result in loss of funds.

Subcontractor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Service Location \_\_\_\_\_

Contract Period:

From 7/1/13 to 6/30/14

Total Amount of Contract: \$ \_\_\_\_\_

Federal Funds Requested: \$ \_\_\_\_\_

Non-Federal Matching Funds: \$ \_\_\_\_\_

A. Indicate below the type of service to be provided.

- Outreach and recruitment
- SCSEP administrative services (payroll, records)
- SCSEP project staff coordinator \_\_\_\_PT \_\_\_\_FT
- Training \_\_\_\_ work experience
- \_\_\_\_ classroom
- \_\_\_\_ job search/job club
- \_\_\_\_ other (indicate) \_\_\_\_\_
- Individual assessments
- Individual development plan
- Host agency assignment
  - \_\_\_\_ aging service agency/network
  - \_\_\_\_ community service agency
- Unsubsidized placement
- Other (indicate) \_\_\_\_\_

B. Number of enrollees to be served \_\_\_\_\_