

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 Temporary and Disability Assistance**
 State Agency Department ID: 3410000 Agency Business Unit: TDA01
 Contractor Name: **L46 Research and Evaluation Consulting, Inc.** Contract Number: **C022578**
 Contract Start Date: **9/1/2021** Contract End Date: **8/31/2026**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
19-3099.00 Social Scientists	5	417	\$325,000
Total this page	5	417	\$325,000
Grand Total			

Name of person who prepared this report:

Title: **Danielle Campbell**

Phone #: **718-7572407**

Preparer's Signature: *Danielle Campbell*

Date Prepared: **7/16/2021**

(Use additional pages, if necessary)