

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	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: C029715
Contractor Name: Bennett Midland LLC	Contract End Date: 06/30/2023
Contract Start Date: 07/1/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011.00 President	1.00	30.00	\$9,940.00
13-1111.00 Senior Associate	1.00	100.00	\$20,060.00
13-1111.00 Associate	1.00	200.00	\$35,500.00
	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	3.00	330.00	\$65,500.00
Grand Total			

Name of person who prepared this report: Leslie Qureshi
 Title: Senior Finance & Administration Manager
 Preparer's Signature: *Leslie Qureshi*
 Date Prepared: 03/1/2023
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