

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: Bravehearts M.O.V.E New York Contract Number:
 Contract Start Date: 1/1/2023 Contract End Date: 12/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Director- 11-9151.00	1.00	1053	\$50,400.00
Brave Advisor- 25-9031.00	1.00	2600	\$67,574.00
	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	2.00	61.00	\$117,974.00
Grand Total	2.00	61.00	\$117,974.00

Name of person who prepared this report: Jessica Grimm

Title: Director

Phone #: 914-885-6461

Preparer's Signature: 

Date Prepared: 10/2/2023