

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:
State Agency Department ID:	Contract Number: 04-12661
Contractor Name: Sreenivasa Rao Vanka	Contract End Date: 11/20/2024
Contract Start Date: 05/24/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer Systems Analysts	1.00	5,216.00	\$312,125.40
	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
	0.00	0.00	\$0.00
Total this Page	1.00	5,216.00	\$312,125.40
Grand Total			

Name of person who prepared this report: Nancy Greagan
 Title: MITS1
 Preparer's Signature: *Nancy Greagan*
 Date Prepared: 05/11/2023
 Phone #: 518-466-1154