

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 Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Sandra Wilson Contract Number:
 Contract Start Date: 8/31/2023 Contract End Date: 8/30/2023 ²⁰²⁵

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist (mid-level)	1.00	4,000.00	\$218,240.00
	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	\$0.00
Total this Page	1.00	4,000.00	\$218,240.00
Grand Total	1.00	4,000.00	\$218,240.00

Name of person who prepared this report: Brian Washock

Title: Chn & Fam Svcs. Prog. Mgr. 3

Phone #: 518-402-9483

Preparer's Signature: 

Date Prepared: 8/17/2023