

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: Office of Children and Family Services	
State Agency Department ID: 3400000	Agency Business Unit: CFS01
Contractor Name: Meneek Jones	Contract Number:
Contract Start Date: 9/23/2023	Contract End Date: 9/22/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1232-00	1.00	4,000.00	\$230,280.00
	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	\$230,280.00
Grand Total	1.00	4,000.00	\$230,280.00

Name of person who prepared this report: Donald Butler
 Title: Business Systems Analyst 2 Phone #: 212-383-1854
 Preparer's Signature: *Donald Butler*
 Date Prepared: 9/7/2023