

AC 3271-S (Effective 4/12)

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
 Contractor Name: *Marc Libman*
 Contract Start Date: *7/1/23*

Agency Business Unit: CFS01
 Contract Number: *IFB #1124 - SD10261*
 Contract End Date: *6/30/26*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>29-1223.00</i>	1.00	<i>2,664.00</i> 0.00	<i>1,065,600.00</i> 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	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	<i>2,664.00</i> 0.00	<i>\$1,065,600.00</i> 0.00
Grand Total	1.00	<i>2,664.00</i>	<i>\$1,065,600.00</i>

Name of person who prepared this report:

Title: *Marc Libman*

Preparer's Signature: 

Phone #: *585-733-7000*

Date Prepared: *8/28/23*

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(Use additional pages, if necessary)