

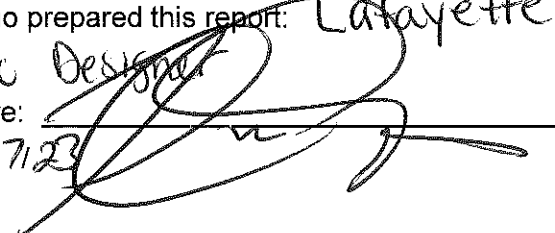
AC 3271-S (Effective 4/12)

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: *Office of Children and Family Services*  
 State Agency Department ID: *3400000* Agency Business Unit: *CFS01*  
 Contractor Name: *Lafayette Cunningham* Contract Number: *S010265*  
 Contract Start Date: *9/1/2023* Contract End Date: *8/31/28*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>27-1024.00 Graphic Designers</i>	<i>1</i>	<i>2,400 - 432 -</i>	<i>360,000</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
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	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	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<i>1</i>	<i>2,400-432-</i>	<i>360,000.00</i>

Name of person who prepared this report: *Lafayette Cunningham*  
 Title: *Graphic Designer* Phone #: *(315) 542-3126*  
 Preparer's Signature:   
 Date Prepared: *8/7/23*