

**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: CFS01
State Agency Department ID: 3400000	Contract Number: 5010266
Contractor Name: <i>MARCIA FINKS</i>	Contract End Date: <i>10/1/28</i>
Contract Start Date: <i>10/1/23</i>	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>27-1019,00</i>	<i>1</i> 0.00	<i>40hrs/mo</i> 0.00	\$360,000
	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	0.00	\$0.00
<b>Total this Page</b>	0.00	0.00	\$360,000
<b>Grand Total</b>			\$360,000

Name of person who prepared this report:

Title: *MARCIA FINKS*

Phone #: *8102470410*

Preparer's Signature: *Marcia Finks*

Date Prepared: *10/21/23*

Page of

(Use additional pages, if necessary)