

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: *3/1/24*

Agency Business Unit: CFS01
 Contract Number: *5010268*
 Contract End Date: *2/28/27*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Professional</i>	1.00	<i>2,669.00</i>	<i>1,065,600.00</i>
<i>29-1223.00</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
Total this Page	1.00	0.00	\$ 0.00
Grand Total	<i>1.00</i>	<i>2,669.00</i>	<i>\$ 1,065,600.00</i>

Name of person who prepared this report:

Title: *Marc Libman*

Phone #: *585-733-7000*

Preparer's Signature: 

Date Prepared: *3/1/24*

(Use additional pages, if necessary)