

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: 5010269
Contract End Date: 2/28/27

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Professional 29-1223.00	1.00	1,872 0.00	748,800.00
	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	\$0.00
Total this Page	1.00	0.00	\$ 0.00
Grand Total	1.00	1,872.00	748,800.00

Name of person who prepared this report:

Title: Marc Libman

Preparer's Signature: 

Date Prepared: 3/1/24

Phone #: 585-733-7000

(Use additional pages, if necessary)