

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: Department of Labor | Agency Business Unit: DOL01 |
| State Agency Department ID: 3550000 | Contract Number: PH68911 |
| Contractor Name: Avenues International Inc | Contract End Date: 08/19/2026 |
| Contract Start Date: 02/19/2024 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| Expert IT Specialist 15-251.00Hourly Bill Rate \$85.02 | 1.00 | 5,000.00 | \$425,100.00 |
| | 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 |
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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 |
| Total this Page | 1.00 | 5,000.00 | \$425,100.00 |
| Grand Total | 1.00 | 5,000.00 | \$425,100.00 |

Name of person who prepared this report: Anupam Gupta

Title: Director

Phone #: 609-945-1160

Preparer's Signature: 

Date Prepared: 02/05/2024