


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: NYS Office of Temporary & Disability Assistance
 State Agency Department ID: 3410000 Agency Business Unit: TDA01 - Contract
 Contractor Name: MVP Consulting Plus, Inc. Number: PH68617 MB WB SB
 Contract Start Date: 03/11/2024 Contract End Date: 09/10/2026

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| Project Manager 15-1299.09 Hourly bill rate \$91.22 | 1.00 | 5,000.00 | \$456,100.00 |
| | 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 |
| | 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 | 5,000.00 | \$456,100.00 |
| Grand Total | 1.00 | 5,000.00 | \$456,100.00 |

Name of person who prepared this report: Nancy A. Gordon
 Title: Contract Manager Phone #: 518-218-1700
 Preparer's Signature: 
 Date Prepared: 01/26/2024