

AC 3271-S (Effective 4/12)

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

Agency Business Unit: CFS01

Contractor Name: Tryfacta, Inc

Contract Number: C029915

Contract Start Date: 9/1/2023

Contract End Date: 8/31/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Upstate LMSW 21-1022.00	1.00	4,700.00	\$307,709.00
	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	4,700.00	\$307,709.00
Grand Total	1.00	4,700.00	\$307,709.00

Name of person who prepared this report: Arman Dhar

Title: VP Operations

Phone #: 408-893-5500

Preparer's Signature: 

Date Prepared: 7/17/2023

(Use additional pages, if necessary)

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