

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 DJJOY

State Agency Department ID: 3400000

Contractor Name: Juana Peguero LLC

Contract Start Date: 8/1/24

Agency Business Unit: CFS01

Contract Number: C030382

Contract End Date: 7 /31 / 29

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Contract IFB 1146 Qualified Individual Services 21-1023.00	1	1095	\$164,250.00
	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	1095.00	\$ 164,250.00
Grand Total	1	1095.00	164,250.00

Name of person who prepared this report:

Title: Owner

Phone #: 646-739-5701

Preparer's Signature: 

Date Prepared: 7/23/24/ 1

(Use additional pages, if necessary)

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