## 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: 340000	Agency Business Unit: CFSO )
Contractor Name: STU AP LE POTTER	Contract Number: CO30500
Contract Start Date: 1/01/01/2025	Contract End Date: // /2/31/3029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract	
51-9195.05	1	2400	420 00000	
	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	1	\$0.00	
Total this Page	<del>-0.00</del> 1.00	- <del>0.00</del> 2,4000	<del>\$ 0.00</del> 420,000,00	
Grand Total	1.00	2,400,00	\$420.000.00	

Name of person who prepared this report:	RALPH	STupp	4
Title: DWW CO		Phone #.	
Preparer's Signature:	1 HORS	19 miles	3
Date Prepared: // 01/06/2025	C VA		
	4 4		

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(Use additional pages, if necessary)