

**FORM A**

<p><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>          From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: OCFS State Agency Department ID: Contractor Name: Site Hub LLC Contract Start Date: 1/1/2025	Agency Business Unit: Contract Number: C030571 Contract End Date: 9/29/2025
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Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Admin / Office	7.5	286	\$50,625
	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	0.00	0.00	\$ 0.00
<b>Grand Total</b>	7.5	286	\$50,625

Name of person who prepared this report: Sean McKay  
 Title: President  
 Preparer's Signature:   
 Date Prepared: 12/13/2024  
 Phone #: 585-738-1134