

FORM A

New York State Consultant Services
Contractor's Planned Employment
 From Contract Start Date Through the End of the Contract Term

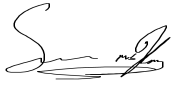
State Agency Name: OCFS	Agency Business Unit:
State Agency Department ID:	Contract Number: C030571
Contractor Name: Site Hub LLC	Contract End Date: 9/29/2025
Contract Start Date: 1/1/2025	

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
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	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
Grand Total	7.5	286	\$50,625

Name of person who prepared this report: Sean McKay

Title: President

Phone #: 585-738-1134

Preparer's Signature: 

Date Prepared: 12/13/2024