

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: New York State Office of Children and Family Services (OCFS)  
 State Agency Department ID: 3400000 Agency Business Unit: CFS01  
 Contractor Name: Alena Mahas Speech-Language Pathology, PC. Contract Number: C030579  
 Contract Start Date: 1/1/2025 Contract End Date: 12/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Speech Therapy and Language Development Services 29-1127.00	9.00	25,200.00	\$4,899,093.30
	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
	0.00	0.00	\$0.00
Total this Page	9.00	25,200.00	\$4,899,093.30
Grand Total	9.00	25,200.00	\$4,899,093.30

Name of person who prepared this report: Alena Mahas

Title: Owner of the Agency

Phone #: 718-791-5013

Preparer's Signature: \_\_\_\_\_

DocuSigned by:

*Alena Mahas*

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Date Prepared: 1/31/2025

(Use additional pages, if necessary)

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