

**OSC Use Only:**

Reporting Code: \_\_\_\_\_

Category Code: \_\_\_\_\_

Date Contract Approved: \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES**STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT  
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM****FORM A**

<b>State Agency Name:</b> <u>NYS Office of Children and Family Services</u>	<b>Agency Code:</b> <u>3400000</u>
<b>Contractor Name:</b> <u>MVP Consulting Plus, Inc.</u>	<b>Contract Number:</b> <u>PH68617 MB WB SB</u>
<b>Contract Start Date:</b> <u>08/23/2024</u>	<b>Contract End Date:</b> <u>03/21/2026</u>

Employment Category <a href="http://www.onetcodeconnector.org/">http://www.onetcodeconnector.org/</a>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Business Analyst 15-2051.01	1	3,166	\$225,292.56
Hourly bill rate \$71.16			
<b>Total this page</b>	<b>1</b>	<b>3,166</b>	<b>\$ 225,292.56</b>
<b>Grand Total</b>	<b>1</b>	<b>3,166</b>	<b>\$ \$225,292.56</b>

**Name of person who prepared this report:** Nancy Gordon**Title:** Contract Manager**Phone #:** 518-218-1700**Preparer's Signature:** Nancy A. Gordon**Date Prepared:** 08/20/2024

(Use additional pages, if necessary)