

**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: 3400000

Agency Business Unit: CFS01

Contractor Name: AMY COHEN

Contract Number: S010276

Contract Start Date: 3/1/24

Contract End Date: 2/28/29

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
23-1021.00	1.00	690.00	\$69,000.00
	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	1.00	690.00	\$69,000.00
<b>Grand Total</b>	1.00	690.00	\$69,000.00

Name of person who prepared this report: AMY COHEN

Title: CONTRACT HEARING OFFICER

Phone #: 5188674010

Preparer's Signature: *Amy Cohen*

Date Prepared: 2/23/24