

State Agency Name: NEW YORK STATE OFFICE OF CHILDREN and Family Services	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: S010277
Contractor Name: LINDAN MIK JONES	Contract End Date: 2/28/2029
Contract Start Date: 3/1/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Contract Hearing officer	1	1100	\$125,000
23-1021.00	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	1100	\$125,000
Grand Total	1	1100	\$125,000

Name of person who prepared this report: LINDAN MARIE TONG
Title: Sole Proprietor, owner Phone #: 716 474 4421
Preparer's Signature: Lindan Marie Tong
Date Prepared: 2/10/2024