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 Scrowers

State Agency Department ID: 3400000

Contractor Name: LINDAN MIK JONES

Contract Start Date: 31/12024

Agency Business Unit: CFS01

Contract Number: S010277 Contract End Date: 2 1221 2029

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|------------------------|---------------------------------|--------------------------------------|
| Contract Herring OFFICER | 1 .00 | 1100 0.00 | \$125,000 \$0.00 |
| 23-1021.00 | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
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| | 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 |
| The Real Property of the Control of | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 1 0.00 | 1100 0.00 | \$125,000 \$ 0.00 |
| Grand Total | 1 | 1100 | \$125,000 |

| Name of person who prepared this report: Lindan MARIC | Jonas | |
|---|-------|------------|
| Title: sole Propietor, owner, | | 716 474442 |
| Preparer's Signature: Jenlin Morl Jones | | |

(Use additional pages, if necessary)

Date Prepared: 211012014