

**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: Adrienne Lawston

Contract Number: S010281

Contract Start Date: 07/06/2024

Contract End Date: 2/28/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Professional	1.00	720.00	\$51,000.00
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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	720.00	\$51,000.00
<b>Grand Total</b>	1.00	720.00	\$51,000.00

Name of person who prepared this report: Adrienne Lawston

Title: Attorney at Law

Phone #: 914-434-8040

Preparer's Signature: Adrienne Lawston

Date Prepared: 3/14/2024