

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: NYS OCFS - DJJOY
 State Agency Department ID: 3400000
 Contractor Name: Esther Annan Consulting
 Services
 Contract Start Date: 08/01/2024

Agency Business Unit: CFS01
 Contract Number: IFB-#1146
 Contract End Date: 07/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1023.00	1.00	8,100.00	\$324,000.00
	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	8,100.00	\$324,000.00
Grand Total	1.00	8,100.00	\$324,000

Name of person who prepared this report: Esther Annan

Title: Principal Owner/Founder

Phone #: 347-208-0213

Preparer's Signature: 

Date Prepared: 07/18/2024

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(Use additional pages, if necessary)