

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: OCF01

Contractor Name: Melissa M Maine, LCSW-R

Contract Number: S010285

Contract Start Date: 08/01/2024

Contract End Date: 07/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Qualified Individual 21-1023.00	1.00	4362.00	\$479,800.00
	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	4362.00	\$ 479,800.00
Grand Total	1.0	4362.00	\$ 479,800.00

Name of person who prepared this report: Melissa M. Maine, LCSW-R

Title: Sole Proprietor

Phone #: 315-264-2206

Preparer's Signature:



Date Prepared: 07/27/2024

(Use additional pages, if necessary)