

## 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

State Agency Department ID: 3400000

Contractor Name: Miranda Himes

Contract Start Date: 8/1/2024

Agency Business Unit: CFS01

Contract Number: S010287

Contract End Date: 7/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
21-1023-.00	1	350	\$196,800
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1	350 0.00	\$196,800
Grand Total	1	350	\$196,800

Name of person who prepared this report: Miranda Himes

Title: LCSW-R

Phone #: 5182076310

Preparer's Signature: M. Himes, LCSW-R

Date Prepared: 7/2/2024

(Use additional pages, if necessary)

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