

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

Contractor Name: Yilmaz Yildirim

Contract Start Date: 7/1/2024

Agency Business Unit: CFS01

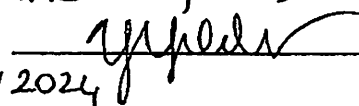
Contract Number: S010288

Contract End Date: 6/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1.00	2,664.00	\$1,065,600.00
	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	2,664.00	\$1,065,600.00
Grand Total	1.00	2,664.00	\$1,065,600.00

Name of person who prepared this report:

Title: Yilmaz Yildirim, MD

Preparer's Signature: 

Date Prepared: 8/1/2024

Phone # (585) 298 72 83

(Use additional pages, if necessary)

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