

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: Snehal R. Sheth

Contract Number: S010293

Contract Start Date: 12/1/2024

Contract End Date: 11/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1.00	2,304.00	\$910,080.00
	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	2,304.00	\$910,080.00
Grand Total	1.00	2,304.00	\$910,080.00

Name of person who prepared this report: Snehal R. Sheth MPTitle: MPPhone #: 845-477-5252Preparer's Signature: Date Prepared: 12/21/24

(Use additional pages, if necessary)

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