

## 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:

State Agency Department ID:

Agency Business Unit:

Contractor Name: BJSS, Inc

Contract Number: 24-DCP-01

Contract Start Date: 7/1/24

Contract End Date: 6/30/27

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1255.00	1.00	800.00	\$120,000.00
13-1151.00	2.00	120.00	\$54,000.00
15-1299.04	2.00	200.00	\$60,000.00
15-1252.00	1.00	800.00	\$120,000.00
15-1230.00	1.00	800.00	\$120,000.00
	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
Total this Page	7.00	2,720.00	\$474,000.00
Grand Total			\$474,000.00

Name of person who prepared this report: Erik Schmidt

Title: Head of Delivery

Phone #: 646.989 1070

Preparer's Signature: 

Date Prepared: 6/26/2024

(Use additional pages, if necessary)

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