

**Attachment 8A**  
**State Consultant Services Contractor's Planned Employment FORM A**

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

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 Office for People With Developmental Disabilities  
 State Agency Department ID: 3660243 Agency Business Unit: OPD01  
 Contractor Name: New York Alliance for Inclusion & Innovation Contract Number: **Insert Solicitation Number** C0SC00106  
 Contract Start Date: 9/1/2024 Contract End Date: 8/31/27

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-9039.00	13		608,544.00
13-082.00	3		646,140.00
Total this page	16	0	
Grand Total	16		1,254,684.00

Name of person who prepared this report:

Title: Assoc. VP of Workforce Advancement Phone #: 845-417-4540

Preparer's Signature: *Melissa Robinson*

Date Prepared: 1/9/2025

(Use additional pages, if necessary)

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1. (Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <https://www.onetonline.org/> to find a list of occupations.)