

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: NYSED (ACCESS-VR)State Agency Department ID: Don't knowAgency Business Unit: ACCESS-VRContractor Name: MARIA LARINOContract Number: BID Submission # 23 - 007Contract Start Date: // 12/1/24Contract End Date: // 12/31/27

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
19-3033.00	(1) 0.00	(7) 0.00	\$610 / \$0.00
Clinical	0.00	0.00	per report \$0.00
Psychologist	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	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: Maria LarinoTitle: PsychologistPhone #: 917 257 4971Preparer's Signature: [Signature]Date Prepared: // 9-29-23

(Use additional pages, if necessary)

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