

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment</p> <p>From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: PH68912
Contractor Name: KBI	Contract End Date: 8/1/2026
Contract Start Date: 6/5/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	2480	1. 215,487
	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	2480	215,487
\$Grand Total	1.00	2480	215,487

Name of person who prepared this report: John Green
 Title: DW Manager Phone #: 518.473.9177
 Preparer's Signature: John Green
 Date Prepared: 5/23/2025