

AC 3271-S (Effective 4/12)

**FORM A**

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

|  |                               |
|--|-------------------------------|
| State Agency Name: OCFS                  |                               |
| State Agency Department ID: 3400000      | Agency Business Unit: CFS01   |
| Contractor Name: MVP Consulting Plus Inc | Contract Number: PH68617      |
| Contract Start Date: 6/30/2025           | Contract End Date: 06/29/2027 |

| Employment Category   | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| Project Manager Expert 13-1082.00<br>Hourly Bill Rate \$91.22 | 1.00                | 4,000.00                     | \$ 364,880.00                     |
|   | 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                            |
| <b>Total this Page</b>  | 1.00                | 4,000.00                     | \$364,880.00                      |
| <b>Grand Total</b>  | 1.00                | 4,000.00                     | \$364,880.00                      |

Name of person who prepared this report: Kimberly Pecoraro  
 Title: ITS Manager Phone #: 518-474-1137  
 Preparer's Signature: Kimberly Pecoraro  
 Date Prepared: 6/27/2025

(Use additional pages, if necessary)

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