

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: OCFS
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: **Avenues International Inc** Contract Number: **PH68911**
 Contract Start Date: 10/20/2025 Contract End Date: 10/19/2027

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| 15-1252.00 | 1.00 | 4,000 | 343,040 |
| | 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 | 4,000 | 343,040 |
| Grand Total | 1.00 | 4,000 | 343,040 |

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 Date Prepared: 10/7/2025