

**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: Office of Children and Family Services  
 State Agency Department ID: 3400000 Agency Business Unit: CFS01  
 Contractor Name: MVP Consulting Pus, Inc. Contract Number: PH68617  
 Contract Start Date: 10/16/2025 Contract End Date: 10/15/2027

| Employment Category  | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| Computer User Support Specialist<br>15-1232-00<br>Hourly Bill Rate: \$ 68.49 | 1.00                | 4,000.00                     | \$273,960.00                      |
|  | 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                         | \$0.00                            |
| Total this Page  | 1.00                | 4,000.00                     | \$273,960.00                      |
| <b>Grand Total</b>   | 1.00                | 4,000.00                     | \$273,960.00                      |

Name of person who prepared this report: Shawntell E. Mills-Sanchez  
 Title: Business Analyst 2 Phone #: 518-474-5569

Preparer's Signature: *Shawntell Mills-Sanchez*

\_\_\_\_\_ Date Prepared:  
 11/04/2025

(Use additional pages, if necessary)