

TDAB1-~~0000156~~-3410000

CSA

AC 3271-S (Effective 4/12)

C022024

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 Temporary and Disability Assistance**
State Agency Department ID: 3050000 Agency Business Unit: OTDA01
Contractor Name: *Data Builders, Inc* Contract Number:
Contract Start Date: *5/1/19* Contract End Date: *4/30/24*

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|----------------------------|---------------------|------------------------------|-----------------------------------|
| <i>Computer Programmer</i> | <i>3</i> | <i>5115</i> | <i>613,800</i> |
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| Total this page | <i>3</i> | <i>5115</i> | <i>\$613,800.00</i> |
| Grand Total | | | |

Name of person who prepared this report:

Title: *Office Administrator*

Phone #: *951-699-0777*

Preparer's Signature: *[Signature]*

Date Prepared: *6/14/19*

(Use additional pages, if necessary)