

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: NYS Office of Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: Comm Services for Family
 Contractor Name: Robin Wood Miller Contract Number: S010239
 Contract Start Date: 04/01/2021 Contract End Date: 03/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
GIS Technologist - 15-1299.02	1	650	\$65,000
	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	0.00	0.00	\$65,000.00
Grand Total			\$ 6 5 , 0 0 0 . 0 0

Name of person who prepared this report: Robin W. Miller
 Title: Proprietor Phone #: 518-370-1091
 Preparer's Signature: _____
 Date Prepared: 11 / 20 / 2021