

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 | Agency Business Unit: CFS01 |
| State Agency Department ID: 3400000 | Contract Number: C029702 |
| Contractor Name: Structural Solutions, LLC | Contract End Date: 7/31/2023 |
| Contract Start Date: 1/1/2023 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--------------------------|---------------------|------------------------------|-----------------------------------|
| Social Worker 21-1029.00 | 1.00 | 450 | \$58,700 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
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| | 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 | 450 | \$ 58,700 |
| Grand Total | 1.00 | 450 | \$58,700 |

Name of person who prepared this report: Sharise Christian
 Title: Founder/Director
 Preparer's Signature: *Sharise Christian*
 Date Prepared: 12/19/2022
 Phone #: 516-842-6642