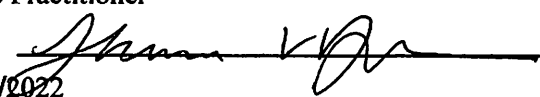


**FORM A**

**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: <del>IEB-1086</del> <b>S010249</b>
Contractor Name: Shannon Drake	Contract End Date: 05/31/2025
Contract Start Date: 06/01/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
c 29-1141.02	1.00	3024 <del>1,008:00</del>	\$1,013,040.00
	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
<b>Total this Page</b>	1.00	3024 <del>1,008:00</del>	\$1,013,040.00
<b>Grand Total</b>	1.00	3024	\$1,013,040.00

Name of person who prepared this report: Shannon Drake  
 Title: Psychiatric Nurse Practitioner  
 Phone #: 6074239304  
 Preparer's Signature:   
 Date Prepared: 05/23/2022