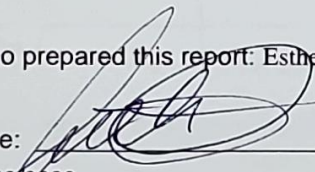


FORM A

**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	Contractor Name: Esther Annan /dba Esther Annan Consulting Services
Contract Start Date: 08/01/2022	Contract Number: S010251
	Contract End Date: 07/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Qualified Individual	1.00	525.00	\$78,750.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	525.00	\$78,750.00
Grand Total	1.00	525.00	\$78,750.00

Name of person who prepared this report: Esther Annan
 Title: Owner
 Preparer's Signature: 
 Date Prepared: 09/07/2022
 Phone #: 3472080213