

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
 State Agency Department ID: 3400000
 Contractor Name: *DANIEL ROBINSON*
 Contract Start Date: *1/1/2023*
 Agency Business Unit: CFS01
 Contract Number: *S 010257*
 Contract End Date: *7/31/2024*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Qualified INDIVIDUAL</i>		<i>AWARDED HOURS</i>	<i>60,300</i>
<i>DANIEL ROBINSON</i>	0.00	<i>180</i> 0.00	\$0.00
<i>21-1029.00</i>	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	180	\$60,300
Grand Total	1	180	\$60,300

Name of person who prepared this report:

Title: *Qualified INDIVIDUAL*

Phone #: *718 - 207.8581*

Preparer's Signature: *Daniel Robinson*

Date Prepared: *2/6/24*

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(Use additional pages, if necessary)