


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: Office of Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Meindevu Olufunmilayo Contract Number:
 Contract Start Date: 7/19/2023 Contract End Date: 7/18/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Business Analyst	1.00	4,000.00	\$273,600.00
	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	4,000.00	\$273,600.00
Grand Total	1.00	4,000.00	\$273,600.00

Name of person who prepared this report: Brian Washock
 Title: Children & Family Services Specialist 3
 Preparer's Signature: 
 Date Prepared: 7/19/2023

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