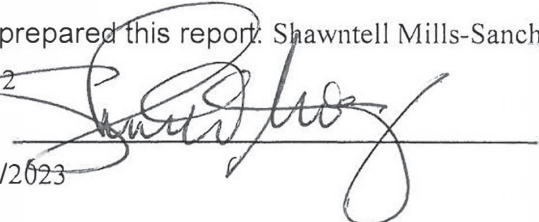


FORM A

**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: Brett Baker Contract Number: PH68617
 Contract Start Date: 10/16/1023 Contract End Date: 10/15/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-2051.01 Business Analyst-Senior	1.00	4,000.00	\$260,000.00
	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	\$260,000.00
Grand Total	1.00	4,000.00	\$260,000.00

Name of person who prepared this report: Shawntell Mills-Sanchez
 Title: Business Analyst 2 Phone #: 518-474-5569
 Preparer's Signature: 
 Date Prepared: 10/19/2023