AC 3271-S (Effective 4/12)

## 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 Agency Business Unit: CFS01
Contractor Name: MVP Consulting Plus Inc
Contract Start Date: 12/06/2023 Contract End Date: 12/05/2025

| Employment Category                                    | Number<br>of<br>Employee<br>s | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|--|-------------------------------|---------------------------------|--------------------------------------|
| Software Architect 15–1299.08 Hourly Bill Rate \$91.13 | 1.00                          | 4,000.00                        | \$ 364,520.00                        |
|  | 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                        | \$364,520.00                         |
| Grand<br>Total   | 1.00                          | 4,000.00                        | \$364,520.00                         |

Name of person who prepared this report: Kimberly Pecoraro

Title: Manager Phone #: 518-473-1138

Preparer's Signature: Kimberly Pecoraro

Date Prepared: 11/21/2023

(Use additional pages, if necessary)

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