

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: Greycell Labs Inc. Contract Number: PH68912
 Contract Start Date: 2/21/2024 Contract End Date: 2/20/2026

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| Computer User Support Specialist 15-1232-00 Hourly Bill Rate: \$ 63.56 | 1.00 | 4,000.00 | \$254,240.00 |
| | 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 |
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| | 0.00 | 0.00 | \$0.00 |
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| | 0.00 | 0.00 | \$0.00 |
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| | 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 | \$254,240.00 |
| Grand Total | 1.00 | 4,000.00 | \$254,240.00 |

Name of person who prepared this report: Donald Butler
 Title: Business Systems Analyst 2 Phone #: 212-383-1854
 Preparer's Signature: Donald Butler
 Date Prepared: 1/8/2024