

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: State Education Department
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: NY Association on Inded. Living Contract Number: C015237
 Contract Start Date: 10/1/2023 Contract End Date: 9/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011.00, Chief Executives	1.00	416.00	\$29,900.00
11-3031 Financial Managers	1.00	166.40	\$7,800.00
21-1012 Educational, Guidance, and Career Counselors and Advisors	1.00	8,320.00	\$364,000.00
21-1093 Social & Human Service Assistants	16.00	133,120.00	\$4,209,400.00
	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	19.00	142,022.40	\$4,611,100.00
Grand Total	19.00	142,022.40	\$4,611,100.00

Name of person who prepared this report: Lindsay A Miller

Title: Executive Director

Phone #: 518-465-4650

Preparer's Signature: *Lindsay A Miller*

Date Prepared: 12/21/2023