

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: NYS Office of Temporary and Disability Assistance
 State Agency Department ID: _____ Agency Business Unit: OTDA
 Contractor Name: MVP Consulting Services Inc Contract Number: PH68617
 Contract Start Date: 09/13/2023 Contract End Date: 03/12/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Project Manager - Expert	1.00	5,000.00	\$456,100.00
	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	5,000.00	\$456,100.00
Grand Total	1.00	5,000.00	\$456,100.00

Name of person who prepared this report: Heather Craven
 Title: Manager of Information Technology Services I Phone #: 518-474-9404
 Preparer's Signature: Heather Craven
 Date Prepared: 8/2/2023