

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: Structural Solutions, LLC

Contract Number: C030350

Contract Start Date: 8/2/2024

Contract End Date: 7/2/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Qualified Individual 21-1023.00	1.00	180.00	\$124,200.00
	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	180.00	\$124,200.00
Grand Total	1	180	\$124,200

Name of person who prepared this report: Sharise Christian

Title: Director

Phone #: 5169434822

Preparer's Signature: 

Date Prepared: 7/18/2024