

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: *DIANE CICCONI*

Contract Number: S010274

Contract Start Date: *3/1/2024*Contract End Date: *2/28/2029*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Judge 23-1021.00	1	1100	\$108,865
	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	1100	\$108,865
<b>Grand Total</b>	1	1100	\$108,865

Name of person who prepared this report: *Diane Ciccone*Title: *owner self*Phone #: *917-703-4113*Preparer's Signature: *Diane Ciccone*Date Prepared: *2/13/2024*

(Use additional pages, if necessary)

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