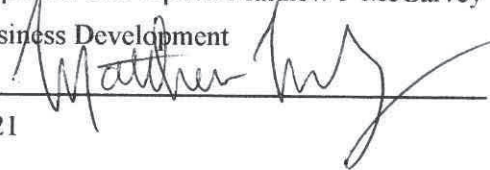


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS	Agency Business Unit: CFS01
State Agency Department ID: 3400000	Contract Number: C028997
Contractor Name: Language Fundamentals	Contract End Date: 02/28/2026
Contract Start Date: 03/01/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Speech Language Pathologist 29-1127.00	1 ^{SD} 0.10	546.00	\$72,000 ^{SD} \$14,400.00
	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
	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 0.10	546.00	\$72,000 ^{SD} \$14,400.00
Grand Total	1 0.10	546.00	\$72,000 ^{SD} \$14,400.00

Name of person who prepared this report: Matthew P McGarvey
 Title: Vice President of Business Development Phone #: 845-897-3330
 Preparer's Signature: 
 Date Prepared: 01/08/2021