

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: S010234
Contractor Name: Amy N Bissada	Contract End Date: 06/30/2024
Contract Start Date: 07/01/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-1223.00	1.00	1944.00	\$552,096.00
	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	1,944.00	\$ 0.00
Grand Total	1.00	1,944.00	\$552,096.00

Name of person who prepared this report: Amy N Bissada

Title: owner

Phone #: 832 746 0852

Preparer's Signature: 

Date Prepared: 05/13/2021