

**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: Melissa M. Maine, LCSW-R              Contract Number: S010252  
 Contract Start Date: 08 / 01 / 2022                      Contract End Date: 07 / 31 / 2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
QI Assessments	1	637	\$95,550
	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	0.00	0.00	\$ 0.00
<b>Grand Total</b>	1	637	\$95,550

Name of person who prepared this report:

Title: Independent Contractor

315-264-2206

Preparer's Signature: Melissa M. Marie, CPA

Date Prepared: 08 / 21 / 2022

(Use additional pages, if necessary)