

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: C029707 |
| Contractor Name: A.M.T.A.E. Solutions LLC | Contract End Date: 09/30/2024 |
| Contract Start Date: 02/01/2023 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|----------------------------|---------------------|------------------------------|-----------------------------------|
| Contracted Project Manager | 1.00 | 3,255.00 | \$140,250.00 |
| | 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 | 3,255.00 | \$140,250.00 |
| Grand Total | 1.00 | 3,255.00 | \$140,250.00 |

Name of person who prepared this report: Michael Ramos

Title: CEO

Phone #: 518-870-3072

Preparer's Signature: *Michael Ramos*
Michael Ramos (Mar 7, 2023 16:46 EST)

Date Prepared: 03/07/2023