## 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: Off	e of the S	State Com	ptroller
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State Agency Department ID: 3050000

Agency Business Unit: OSC01

Contractor Name: Great Disclosure LLC

Contract Number:

Contract Start Date: / /

Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Chief Executive 11-1011.00	1	690	\$200,000
	-		
otal this page	1	690	\$ 200,000.00
Grand Total			is train decision

Name of person who prepared this report:

Title: Managing Director

Phone #: 248.547.4500

Preparer's Signature:

Date Prepared: 03/06/2020

(Use additional pages, if necessary)

Page 1 of 1