

FORM A

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

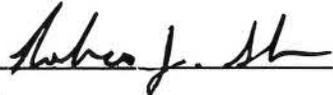
State Agency Name: New York Division of Budget	Agency Business Unit: DOB01
State Agency Department ID: 1050000	Contract Number: C000457
Contractor Name: Grant Thornton LLP	Contract End Date: 3/14/2024
Contract Start Date: 3/15/2019	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Management Analyst 13-1111.00	4.00	36,500.00	\$5,500,000.00
	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	0.00	0.00	\$ 0.00
Grand Total	4.00	36,500.00	\$5,500,000.00

Name of person who prepared this report: Robert Shea

Title: Principal

Phone #: 703 637 2780

Preparer's Signature: 

Date Prepared: 4/3/2019