CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

New York State Consultant Services
Contractor's Planned Employment
From **07/01/19** Through **06/30/22**

State Agency Name: NYS Workers' Compensation Board
State Agency Department ID: **3560000**
Agency Business Unit: **WCB01**
Contractor Name: **CapTech Ventures**
Contract Start Date: **07/01/2019**
Contract Number: **C140369A**
Contract End Date: **06/30/2022**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1121.00	9	36,672	$5,947,725
15-1199.01	11	43,050	$6,347,664
15-1199.02	16	71,837	$13,172,181
15-1199.07	21	58,550	$12,478,914
15-1199.09	16	53,771	$10,812,394
27-1024.00	6	7,972	$1,637,024
27-3043.04	1	266	$30,570
13-1151.00	10	30,649	$4,820,333
11-3131.00	1	4,960	$1,015,098
Total this page	91	307,728	$56,261,903
Grand Total	91	307,728	$56,261,903

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Date Prepared: 05/17/2019