

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: NYS JCOPE	Agency Business Unit: CPI01
State Agency Department ID: 3810200	Contract Number: C2100001
Contractor Name: Hogan Lovells	Contract End Date: 03/31/2023
Contract Start Date: 06/23/2021	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Partners	2.00	170.00	\$146,802.00
Associates	3.00	170.00	\$146,286.00
Legal Staff	2.00	20.00	\$6,912.00
	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	7.00	360.00	\$300,000.00
Grand Total	7.00	360.00	\$300,000.00

Name of person who prepared this report: Courtney Devon Taylor

Title: Partner

Phone #: 267-675-4600

Preparer's Signature: *C. Taylor*

Date Prepared: 01/10/2022