

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: Division of the Budget
 State Agency Department ID: 1050000 Agency Business Unit: DOB01
 Contractor Name: Frasca & Associates, LLC Contract Number: C000469
 Contract Start Date: 3/1/2021 Contract End Date: 2/28/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-2051.00 Financial Analysts	8.00	1,300.00	\$1,000,000.00
	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
Total this Page	8.00	1,300.00	\$1,000,000.00
Grand Total	8.00	1,300.00	\$1,000,000.00

Name of person who prepared this report: Sonia M. Toledo

Title: Managing Director

Phone #: 212-355-4050 x109

Preparer's Signature: 

Date Prepared: 03/17/2021