


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 Department of Public Service
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Spiegel & McDiarmid LLP Contract Number: _____
 Contract Start Date: 01 /01/ 2021 Contract End Date: 01 /01/ 2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Lawyers 23-1011.00	5	4050	\$1,750,000.00
Paralegals 23-2011.00	3	300	\$36,000.00
Total this Page	8	4350	\$ 1,786,000.00
Grand Total	8	4350	\$ 1,786,000.00

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 Preparer's Signature: 
 Date Prepared: 01/05/2021