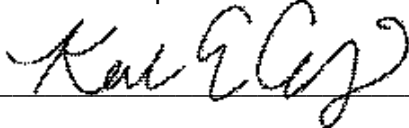


FORM A

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

State Agency Name: NYS Executive Chamber
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Morvillo Abramowitz Grand Iason & Anello PC
 Contract Number: C000249
 Contract Start Date: 02/15/2021 Contract End Date: 02/15/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
23-1011.00 - Lawyers	10.00	3,602.88	\$2,250,000.00
23-2011.00 - Paralegals and Legal Assistants	2.00	585.23	\$125,000.00
23-2099.00 - Legal Support Workers, All Other	3.00	500.00	\$125,000.00
	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
Total this Page	15.00	4,688.11	\$2,500,000.00
Grand Total			\$2,500,000.00

Name of person who prepared this report: Kathleen E. Cassidy
 Title: Principal
 Preparer's Signature: 
 Date Prepared: 5/3/2021

Phone #: 212-880-9413

