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: Department of Financial Services State Agency Department ID: Contractor Name: Greycell Labs, Inc. Contract Start Date: 4/3/2023

3500000

Agency Business Unit: DFS01 Contract Number: PH68912 Contract End Date: 10/2/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09 \$89.70 hourly rate	1	975.00	\$87,457.50
	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	0.00	0.00	\$ 0.00
Grand Total	1	975	\$87,457.50

Name of person who prepared this report: Nina Doss

Title:HBITS Administrator

Phone #:518-408-2761

Preparer's Signature: _______Nina Doss______

Date Prepared: 1/8/25