

FORM A

New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term
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State Agency Name: Department of Financial Services State Agency Department ID: 3500000 Contractor Name: Greycell Labs, Inc. Contract Start Date: 9/23/24	Agency Business Unit: DFS01 Contract Number: PH68912 Contract End Date: 3/22/27
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Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1232.00 Hourly rate \$90.12	1.00	4688	\$422,482.56
	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
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	1	4688	\$422,482.56

Name of person who prepared this report: Nina Doss

Title: HBITS Administrator

Phone #: 518-408-2761

Preparer's Signature: _____ *Nina Doss* _____

Date Prepared: 9/10/24