

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: V Group, Inc. Contract Start Date: 2/17/25	Agency Business Unit: DFS01 Contract Number: PH68633 Contract End Date: 8/16/27
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Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-3021.00 Hourly rate \$82.40	1.00	4,875	\$401,700
	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	4875	\$401,700

Name of person who prepared this report: Nina Doss

Title: HBITS Administrator

Phone #: 518-408-2761

Preparer's Signature: _____ *Nina Doss* _____

Date Prepared: 2/10/2025