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: IOLA

State Agency Department ID: 1210200 Contractor Name: Stout Risius Ross LLC

Contract Start Date: 4/1/2024

Agency Business Unit: IOL01 Contract Number: C2025A1 Contract End Date: 3/3/1/25

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|---------------------------------|--------------------------------------|
| 13-1082.00 mLg | 3.00 | 300.00 | \$100,000.00 |
| | 0.00 | 0.00 | \$0.00 |
| 1,27 | 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 | 3.00 | 300.00 | \$100,000.00 |
| Grand Total | 3.00 | 300.00 | \$100,000.00 |

Name of person who prepared this report: Neil Steinkamp

Title: Managing Director

Preparer's Signature:

Date Prepared: 9//5/2024

Phone #: 6468074229

(Use additional pages, if necessary)

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