

State Consultant Services Contractor's Planned Employment FORM A

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

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 Office for People With Developmental Disabilities

State Agency Department ID: 3660243

Agency Business Unit: OPD01

Contractor Name:

Contract Number: **Error! Reference source not found.**

Contract Start Date: 5 years upon OSC approval

Contract End Date: 5 years upon OSC approval

| Employment Category ¹ | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|----------------------------------|---------------------|------------------------------|-----------------------------------|
| Engagement Principal | 1 | | |
| Engagement Director | 1 | | |
| Engagement Manager | 2 | | |
| Senior Associate | 4 | | |
| Associate | 5 | | |
| Junior Associate | 5 | | |
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| Total this page | 18 | | |
| Grand Total | 18 | | |

Name of person who prepared this report:

Title: Managing Partner

Phone #: (718) 445-6308, ext. 1170

Preparer's Signature:

Date Prepared: 10/8/2024

(Use additional pages, if necessary)

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1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <https://www.onetonline.org/> to find a list of occupations.