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: Myers and Stauffer LC

Contract Number: Not yet assigned

Contract Start Date: 5 years upon OSC approval

Contract End Date: 5 years upon OSC approval

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|-------------------------------------|------------------------|---------------------------------|--------------------------------------|
| 13-2011.00 Accountants and Auditors | 35 | N/A | N/A |
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| Total this Page | | | |
| Grand Total | 35 | N/A | N/A |

| | prepared this report; John Dresslar |
|-----------------------|-------------------------------------|
| Title: Member | Bh b lal |
| Preparer's Signature: | WM B Mul |
| Date Prepared: n /5 # | hoos |

Phone #: 223.259.5306

Date Prepared: 9 /5 2023

(Use additional pages, if necessary)

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