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: Office of the State Comptroller

State Agency Department ID: 3050000 Agency Business Unit: OSC01

Contractor Name: Dr. Mikhail Grinberg
Contract Start Date: 11/26/2024 Contract End Date: 11/25/2029

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physicians and Surgeons, All other	1	249	\$300,000.00
Total this page	1	249	\$300,000.00
Grand Total	1		\$300,000.00

Name of person who prepared this report: Dan Fortune

Title: Contract Management Specialist Phone #: 838-265-5154

Preparer's Signature: Daniel Fortune

Date Prepared: 12/10/2024

(Use additional pages, if necessary) Page of

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