

Consultant Disclosure Form

AC 3271-S (Effective 4/12)

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:	Agency Business Unit:
State Agency Department ID:	Contract Number:
Contractor Name:	Contract End Date: 05/31/2025
Contract Start Date: 12/01/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Subject Matter Expert	5.00	380.00	\$70,310.00
Senior Analyst	1.00	117.00	\$18,135.00
Analyst	2.00	172.00	\$17,856.00
	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	8.00	669.00	\$106,301.00
Grand Total			

Name of person who prepared this report: J.P. Morgan

Title: Chief Financial Officer

Phone #: 571-225-7099

Preparer's Signature: _____

Date Prepared: 10/01/2024

(Use additional pages, if necessary)

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