

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 Medicaid Inspector General
 State Agency Department ID: 3460000 Agency Business Unit: MIG01
 Contractor Name: MVP Consulting Plus Inc. Contract Number: PH68617
 Contract Start Date: 07/01/2025 Contract End Date: 12/31/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Project Management Specialist 13-1082.00	1.00	5,000.00	\$469,800.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	5,000.00	\$469,800.00
Grand Total	1.00	5,000.00	\$469,800.00

Name of person who prepared this report: Alicia Wilson
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 Preparer's Signature: *Alicia Wilson*
 Date Prepared: 7/16/2025