

CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: NYS Workers' Compensation Board State Agency Department ID: 3560000 Agency Business Unit: WCB01 Contractor Name: FAZ Forensics Contract Start Date: / /	Contract Number: C140418 Contract End Date: / /
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Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
* The figures below are based on an allocation of our fee proposal to the cost of the contract provided by WCB			
Partner	1	108	\$28,870.59
Manager	1	677	\$147,560.78
Team Lead	2	889	\$147,560.78
Staff	1	1220	\$147,560.78
Administrative Support / Clerical	1	216	\$19,247.06
Total this page	0	0	\$ 0.00
Grand Total	6	3110	\$490,800.00

Name of person who prepared this report:

Title: Partner

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Preparer's Signature:



Date Prepared: 06 /23/ 2025

Use additional pages if necessary