## DHSO1-LUUU411/C-3500000

-	
	OSC Use Only:
	Reporting Code:
l	Category Code:
1	Date Contract Approved:

## FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Dept. of Financial Services

Agency Code: 37000

Contractor Name: MCMC LLC

Contract Number: C000417

Contract Start Date: 9/1/2016

Contract End Date: 8 13112021

Employment Category	Number of Employee		Number of hours to be worked	Amount Payable Under the Contract
43-4051.00 - Customer Services Representatives		4	8,227.20	933,333,33
11-1021.00 - General and Operations Managers		1	2,056.80	208, 333,33
43-6014.00 - Secretaries and Administrative Assistants, Except Legal Med	dical, and Executive	1	2,056,80	208, 333,34
Total this page	(	3		
Grand Total		6	12340.80	1,250,000,00

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١	lame	of	person	who	prepared	this	report:	Cindy	Liu

Title: Licensing and Compliance Specialist

Phone #: 301-547-3683

Preparer's Signature: ( )

Date Prepared: 5/18/2015

518-473-7897

(Use additional pages, if necessary)

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