OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORM A

DF191 3500000

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: Able Modifications, Inc.

Contract #: C000432a2

Contract Start Date: 09/01/2016

Contract End Date: 08/31/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1171.00 Nurse Practitioner	1	839	\$125,500.00
11-9041.00 Arcitectual Engineers & Manager	1	695	\$69,500.00
27-1025.00 Interior Designers	2	1,198	\$180,000.00
Total this page	4		
Grand Total	4	2,732	\$375,000.00

Name of person who prepared this report: Steven D. McClellan

Title: Associate Accountant

Phone #: 518-473-7897

Preparer's Signature:

Date Prepared: 07/13/2016

(Use additional pages, if necessary)

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