## APPENDIX O

OSC Use Only:	
Reporting Code:	
Category Code:	
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 Insurance Fund

Agency Code: 7010204

Contractor Name: Overland Solutions, Inc.

Contract Number: RFP201621adm

Contract Start Date: 4/1/2017

Contract End Date: 3/31/2022

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-2011.02 (Auditing)	300*	10,000	1,550,000
			*
Total this page	300	10,000	1,550,000
Grand Total	300	10,000	1,550,000
Name of person who prepared	this report: Bryar	Griffin	
		913) 663-8822	
Preparer's Signature: Sum	111		1
Date Prepared: 3/8/2017	-/-		
(Use additional pages, if necessary)			Page of