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:   | Offi   | ice  | of the State Com   | ptroller |            |      | CN              | ,       |
|----------------------|--------|------|--------------------|----------|------------|------|-----------------|---------|
| State Agency Departr | nen    | t ID | : 3050000          |          | Agency Bus | sine | ess Unit: OSC01 |         |
| Contractor Name: Ce  | rtifie | ed N | ledical Consultant | ts, Inc  | Contract N | umt  | per: C001016    |         |
| Contract Start Date: | 1      | 1    | OSCAP.p.           | Contract | End Date:  | 1    | Myear 3         | 3050000 |

| Employment Category | Number of<br>Employees | Number of hours to<br>be worked | Amount Payable<br>Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 41-3099             | 1                      | 1,115                           | \$28,990                             |
| 43-6010             | 2                      | 1,001                           | \$26,010                             |
|                     |                        |                                 |                                      |
|                     |                        | *                               |                                      |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
|                     |                        |                                 |                                      |
| Total this page     | 3                      | 2,116                           | \$ 55,000                            |
| Grand Total         | 3                      | 2,116                           | \$ 55,000                            |

Name of person who prepared this report: Kristen Ferraro

Title: Contract Management Specialist 1

Preparer's Signature: MACC

Date Prepared: 11/3/2016

(Use additional pages, if necessary)

Phone #: 518-474-7293

Page 1 of 1