WCB01-C140363-3560000

CONTRACTOR DISCLOSURE FORM A

Required within three (3) business days of notification of selection by WCB Complete instructions may accessed at: http://www.osc.state.ny.us/agencies/gbull/g-226.htm

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 Workers' Compensation Board Agency Code: 14010

Contractor Name: Bickmore Contract Number: C140363

Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Project Director	1	573	142,000
Actuarial Director	2	667	200,000
Senior Regulatory Consultant	2	664	133,000
Project Advisor	2	303	123,000
Project Coordinator	1	116	17,000
Total this page	8	2,323	\$615.000
Grand Total			

Name of person who prepared this report: Sandra Spiess

Title: Project Manager Phone #: 916.244.1182

Preparer's Signature: Sundre Spess

Date Prepared: 2/16/17

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Use additional pages if necessary