FORM A

RC: CB

## New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: Executive Chamber

State Agency Department ID: EXC01
Contractor Name: Guidepost Solutions, LLC

Contract Start Date: 04/29/2016

Agency Business Unit:

Contract Number: C000237

Contract End Date: 12/31/2016

| Employment Category  | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|--|------------------------|---------------------------------|--------------------------------------|
| 11.1011.00 - Chief Executive/Director                      | 2.00                   | 171.00                          | \$104,000.00                         |
| 11.1021.00 - General and Operations<br>Managers            | 4.00                   | 925.00                          | \$437,000.00                         |
| 13.2099.04 - Fraud Examiners,<br>Investigators and Analyst | 8.00                   | 1,161.00                        | \$445,659.00                         |
| 132011.01 - Accountants                                    | 1.00                   | 285.00                          | \$57,000.00                          |
|  |                        |                                 |                                      |
|  |                        |                                 |                                      |
|  |                        |                                 |                                      |
| Total this Page  | 15.00                  | 2,542.00                        | \$1,043,659.00                       |
| Grand Total  | 15.00                  | 2,542.00                        | \$1,043,659.00                       |

Begit M. Elway Pust M. Schurz

| Name of person who prepared this report: Bart I | N | ame | of | person | who | prepared | this | report: | Bart M. | . Schwartz |
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Title: Chairman

Date Prepared: 03/16/2017

Preparer's Signature:

Phone #: (212) 817-6700

(Use additional pages, if necessary)

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