FORM A

CUB

New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: Office of the State Comptroller

State Agency Department ID: 3050000

Agency Business Unit: OSC01

Contractor Name: First Choice Evaluations, LLC

Contract Number: C170003

Contract Start Date: 03/27/2018

Contract End Date: 03/26/2023

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physicians and Surgeons, All Other	2600	1200	\$1,000,000
11-1021.00 General and Operations Managers	35	1500	\$500,000
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	i,		
		59	
Total this page	2635	1,700	\$ 1,500,000
Grand Total	2635	1,700	\$1,500,000

Name of person who prepared this report: Kristen Ferraro

Title: Contract Management Specialist 1

Phone #: 518-474-7293

Preparer's Signature:

Date Prepared: 01/22/2018

(Use additional pages, if necessary)

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