## 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: Division of the Budget

State Agency Department ID: 1050000

Contractor Name: PFM Group Consulting LLC

Contract Start Date: 2/1/2019

Agency Business Unit: DOB01 Contract Number: C000454

Contract End Date: 1/31/2024

| <b>Employment Category</b>     | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|--------------------------------|------------------------|---------------------------------|--------------------------------------|
| Management Analysts 13-1111-00 | 35.00                  | 2,250.00                        | \$625,000.00                         |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
|                                | 0.00                   | 0.00                            | \$0.00                               |
| Total this Page                | 35.00                  | 2,250.00                        | \$625,000.00                         |
| Grand Total                    | 35.00                  | 2,250.00                        | \$625,000.00                         |

Name of person who prepared this report: Dean Kaplan

Title: Managing Director Preparer's Signature:

Date Prepared: 2/12/19

Phone #: 215.567.6100

(Use additional pages, if necessary)

Page