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: 105000

Contractor Name: KPMG LLP Contract Start Date: 8/15/2019

Agency Business Unit: DOB01 .
Contract Number: C000459
Contract End Date: 8/14/2024

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|------------------------|---------------------------------|--------------------------------------|
| 13-2011.01 | 6.00 | 990.00 | \$215,410.00 |
| | 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 | 6.00 | 990.00 | \$215,410.00 |
| Grand Total | 6.00 | 990.00 | \$215,410.00 |

Name of person who prepared this report: Marie Zimmerman

Title: Parnter

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Preparer's Signature: _

Date Prepared: 10/31/2019

(Use additional pages, if necessary)

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