## 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: DELOITTE CONSULTING LLP

Contract Start Date: 08/15/2019

Agency Business Unit: DOB01 Contract Number: C000461 Contract End Date: 08/14/2024

| Employment Category            | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|--------------------------------|------------------------|---------------------------------|--------------------------------------|
| 13-1111.00 Management Analysts | 15.00                  | 80,175.00                       | \$27,500,000.00                      |
|                                | 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                | 15.00                  | 80,175.00                       | \$27,500,000.00                      |
| Grand Total                    | 15.00                  | 80,175.00                       | \$27,500,000                         |

| Name of person who prepared this report: | Tab Warlitner         |
|--|-----------------------|
| Title: Principal Tal harliter            | Phone #: 410-610-3885 |
| Preparer's Signature:                    |                       |
| Date Prepared: 08/19/2019                |                       |