

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: Office of the Medicaid Inspector General
 State Agency Department ID: 3460000 Agency Business Unit: MIG01
 Contractor Name: TruView BSI, LLC Contract Number: C201902a
 Contract Start Date: 08/30/2019 Contract End Date: 08/29/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Private Detectives and Investigators 33-9021.00	8.00	77,672.73	3,844,800
	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
	0.00	0.00	\$0.00
Total this Page	8.00	77,672.73	\$3,844,800.00
Grand Total	8.00	77,672.73	\$3,844,800.00

Name of person who prepared this report: Nicholas M. Auletta

Title: President

Phone #: 516-289-0273

Preparer's Signature: 

Date Prepared: 08/31/2019