


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 State Comptroller**
 State Agency Department ID: 3050000 Agency Business Unit: OSC01
 Contractor Name: Kutak Rock LLP Contract Number: C001107
 Contract Start Date: 3/13/2020 Contract End Date: 3/13/2025

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| 23-1011.00 | 4 | 1,618 | \$550,000 |
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| Total this page | | | |
| Grand Total | 4 | 1,618 | \$550,000 |

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 Preparer's Signature: 
 Date Prepared: 3/16/2020
 (Use additional pages, if necessary) Page 1 of 1