

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORM A

**State Consultant Services - Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term**

State Agency Name: NYS Dept. of Financial Services Agency Code: 37000
 Contractor Name: *Burgher Gray LLP* Contract #: *C000505*
 Contract Start Date: *4/1/2021* Contract End Date: *4/1/2024*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Partner / Counsel</i>	<i>1</i>	<i>200</i>	<i>\$180,000</i>
<i>Senior Associate</i>	<i>1</i>	<i>225.25</i>	<i>\$111,500</i>
<i>Junior Associate</i>	<i>1</i>	<i>103.6</i>	<i>\$35,224</i>
<i>Legal Assistant / Paralegal</i>	<i>2</i>	<i>100 200</i>	<i>\$36,000</i>
Total this page	<i>5</i>	<i>728.85</i>	<i>\$312,724.00</i>
Grand Total	<i>5</i>	<i>728.85</i>	<i>\$312,724.00</i>

Name of person who prepared this report: *Brian Idehen*
 Title: *Senior Associate* Phone #: *(212) 765-7107*
 Preparer's Signature: *[Signature]*
 Date Prepared: *9/27/2021*
 (Use additional pages, if necessary)