FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term					
State Agency Name: NYS	e Agency Name: NYS Insurance Fund			Code: 7010204	
Contractor Name: RLD	Contractor Name: RLD Associates, Inc.			mber: <u>C000545</u>	
Contract Start Date: TBD	re: TBD 5-year term upon OSC approval			Date: TBD 5-year term upon OSC approval	
		T			
Employment Category	Number of Employees	Number of hours to be worked		Amount Payable Under the Contract	
13-2011.00 - Accountants/Auditors	21	20,000		\$2,344,000	
Total this page					
Grand Total	21	20,000		\$2,344,000	
Name of person who prepared this report: Alex Romano					
Title: CMS 2 Phone #: 518-437-1878					
Preparer's Signature: Olly and wa Romano					
Date Prepared: 11/15/21					

(Use additional pages, if necessary)

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