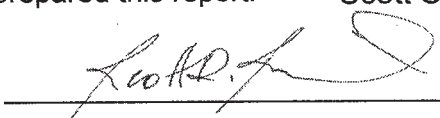


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: _____
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: **Husch Blackwell LLP** Contract Number: _____
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Attorney	3	1415 hours	\$597,417.00
Paralegal	1	150 hours	\$ 34,583.00
Total this Page	4	1565	\$632,000.00
Grand Total	4	1565	\$632,000.00

Name of person who prepared this report: **Scott Schneider**
 Title: **Partner** Phone #: **512-479-1145**
 Preparer's Signature: 
 Date Prepared: **05/05/2021**