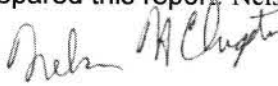


FORM A

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

State Agency Name: New York State Division of the Budget CC
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: MAXIMUS Consulting Services, Inc. DOB/DI 1050000
 Contract Number: C000451
 Contract Start Date: 06/01/2018 Contract End Date: 12/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011.00 Chief Executive	1.00	480.00	\$134,976.00
11-1021.00 General Operations Mgr	1.00	900.00	\$199,800.00
13-2051.00 Financial Analysts	6.00	2,450.00	\$332,025.00
	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	3,830.00	\$666,801.00
Grand Total	8.00	3,830.00	\$666,801.00

Name of person who prepared this report: Nelson Clugston
 Title: Vice President Phone #: 804-823-8131
 Preparer's Signature: 
 Date Prepared: 08/15/2018