

FORM A

CA

New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term
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State Agency Name: Office of the State Comptroller	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: <i>Hawks Delafield + Wood</i>	Contract Number: <i>C001057</i>
Contract Start Date: <i>7/1/18</i>	Contract End Date: <i>6/30/23</i>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>23-1011.06 Lawyers</i>			<i>\$2,500,000</i>
Total this page	0	0	\$ 0.00
Grand Total			<i>\$2,500,000</i>

Name of person who prepared this report: *John Grybas*

Title: *CMSA*

Phone #:

Preparer's Signature: *John Grybas*

Date Prepared: *6/14/18*

(Use additional pages, if necessary)