

**CONTRACTOR DISCLOSURE FORM A**

AC 271-S (Effective 4/12)

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

State Agency Name: NYS Workers' Compensation Board  
 State Agency Department ID: 3560000  
 Agency Business Unit: WCB01  
 Contractor Name: MVP Consulting Plus, Inc.  
 Contract Start Date: 11/01/2018

Contract Number:  
 C140383  
 Contract End Date: 10/31/2021

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1133.00	3	440	66000.00
Total this page	3	440	66000.00
<b>Grand Total</b>	<b>3</b>	<b>440</b>	<b>\$66,000.00</b>

Name of person who prepared this report: Stephen L. Miller

Title: President

Phone #: 518-218-1700

Preparer's Signature:   
 Date Prepared: 10/09/2018

Use additional pages if necessary