

CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

**New York State Consultant Services
Contractor's Planned Employment**

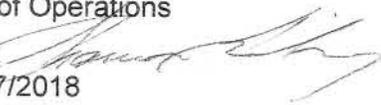
From Contract Start Date Through the End of the Contract Term

WCB01-C140735-3560000

State Agency Name: NYS Workers' Compensation Board
 State Agency Department ID: 3560000
 Agency Business Unit: WCB01
 Contractor Name: SAFE, LLC
 Contract Start Date: _____ Contract End Date: _____

Contract Number:
C140735

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Manager/Supervisor	3	1,260	\$176,400
Staff Member	2	2,016	\$149,184
Clerical	1	504	\$17,136
Total this page	6	3,780	342,720
Grand Total	6	3,780	342,720

Name of person who prepared this report: Shannon Linaberry
 Title: Vice President of Operations
 Preparer's Signature: 
 Date Prepared: 08/07/2018

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Use additional pages if necessary