

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: Department of State  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: **3800000**  
 Contractor Name: Barclay Damon Contract Number: C1001381  
 Contract Start Date: 04/02/2018 Contract End Date: 03/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Partner	1.00	1,500.00	\$371,250.00
Associate	1.00	500.00	\$90,000.00
Paralegal	1.00	450.00	\$38,475.00
	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
	0.00	0.00	\$0.00
Total this Page	3.00	2,450.00	\$499,725.00
<b>Grand Total</b>	<b>3.00</b>	<b>2,450.00</b>	<b>\$499,725.00</b>

Name of person who prepared this report: Alan R. Peterman

Title: Partner

Phone #: 315-425-2775

Preparer's Signature: Alan R. Peterman

Date Prepared: 07/24/2019