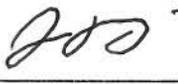


**FORM A**

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

State Agency Name:  
 State Agency Department ID: Agency Business Unit:  
 Contractor Name: Beau Dietl & Associates Contract Number:  
 Contract Start Date: 08/30/2019 Contract End Date: 08/29/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Investigators	4.00	8686.70	\$764,430.04
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	4.00	8,686.70	\$764,430.04
<b>Grand Total</b>	0.00		

Name of person who prepared this report: Jaelyn Dietl  
 Title: CAO  
 Preparer's Signature:   
 Date Prepared: 08/27/2019  
 Phone #: 212-557-3334