

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: Office of Medicaid Inspector General
 State Agency Department ID: 3460000 Agency Business Unit: MIG01
 Contractor Name: A.C. Roman & Associates, Inc. Contract Number: C201902D
 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
33-9021.00	2.00	3,691.00	\$498,295.14
	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	2.00	3,691.00	\$498,295.14
Grand Total	2.00	3,691.00	\$498,295.14

Name of person who prepared this report: Kamil Podlinski
 Title: Vice President of Operations Phone #: 516-812-4027
 Preparer's Signature: _____
 Date Prepared: 08/28/2019