

**FORM A**

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| <b>New York State Consultant Services</b><br><b>Contractor's Planned Employment</b><br>From Contract Start Date Through The End Of The Contract Term |
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|   |                             |
|---|-----------------------------|
| <b>State Agency Name: Office of the State Comptroller</b> |                             |
| State Agency Department ID: 3050000                       | Agency Business Unit: OSC01 |
| Contractor Name: V Group, Inc.                            | Contract Number: C001095    |
| Contract Start Date: 1/10/20                              | Contract End Date: 10/9/20  |

| Employment Category   | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| 15-1199.01 Software Quality Assurance Engineers and Testers | 1                   | 1,379.31                     | \$100,000.00                      |
|   |                     |                              |                                   |
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|   |                     |                              |                                   |
| <b>Total this page</b>                                      | <b>1</b>            | <b>1,379.31</b>              | <b>\$100,000.00</b>               |
| <b>Grand Total</b>  | <b>1</b>            | <b>1,379.31</b>              | <b>\$100,000.00</b>               |

Name of person who prepared this report: Amanda Shooks

Title: Contract Management Specialist 1

Phone #: 518-408-3463

Preparer's Signature:

Date Prepared: 12/5/19

(Use additional pages, if necessary)

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