

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: DOCCS
 State Agency Department ID: 3250226 Agency Business Unit: DOC01
 Contractor Name: Gleason Dunn Walsh & O'Shea Contract Number: C161528
 Contract Start Date: 07/01/2019 Contract End Date: 12/31/2022

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| 23-1011.00 lawyers | 8.00 | 500.00 | \$137,000.00 |
| 23-2011.00 paralegals & legal assistants | 1.00 | 50.00 | \$3,000.00 |
| | 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 | 9.00 | 550.00 | \$140,000.00 |
| Grand Total | 9.00 | 550.00 | \$140,000.00 |

Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature: _____

Date Prepared: / /