

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: NYS Office of the Medicaid Inspector General
 State Agency Department ID: 3460000 Agency Business Unit: MIG01
 Contractor Name: Karl Heiner Statistical Consulting Contract Number: C202102
 Contract Start Date: 3/15/2022 Contract End Date: 3/14/2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Statistician 15-2041.00 AM	1.00	3,750.00	\$750,000.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1	3,750.00	\$750,000.00
Grand Total	1	3,750.00	\$750,000.00

Name of person who prepared this report: Karl Heiner
 Title: President Phone #: 518 393 4157
 Preparer's Signature: [Signature]
 Date Prepared: 2/21/22