OSC Use Only:	
Reporting Code:	
Category Code: Date Contract Approved:	

## **FORM A**

From Contract Start Date Through The End Of The Contract Term					
State Agency Name: NYS	Insurance Fund		Agency Code: 7010204		
Contractor Name: Brow	vn and Joseph LLC DBA CPAudits		Contract Number: C000543		
Contract Start Date: TBD 5-year term upon OSC approval		C approval	Contract End Date: TBD 5-year term upon OSC approval		
		T		T	
Employment Category	Number of Employees	wo	f hours to be orked	Amount Payable Under the Contract	
13-2011.00 - Accountants/Auditors	21	4,000		\$555,500	
Total this page					
Grand Total	21	4,000		\$555,500	
Name of person who prepared this report: Alex Romano					
Title: CMS 2	2			Phone #:518-437-1878	
Preparer's Signature: Olycandria Romano					
Date Prepared: 11/15/21	. ••				

State Consultant Services - Contractor's Planned Employment

(Use additional pages, if necessary)

Date Prepared:

Page 1 of 1