**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: Department of State
State Agency Department ID: 3800000 | Agency Business Unit: DOS01
Contractor Name: HR&A Advisors | Contract Number: C1002398
Contract Start Date: 1/1/2023 | Contract End Date: 12/31/2027

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---|---|---|
| Engagement Partner | 6.00 | 1,085.00 | $434,000.00 |
| Project Manager | 10.00 | 2,165.00 | $541,250.00 |
| Senior Analyst | 14.00 | 3,955.00 | $711,900.00 |
| Associate Analust | 15.00 | 6,064.00 | $848,960.00 |
| Analyst | 8.00 | 8,398.71 | $713,890.00 |
| | 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 | 53.00 | 21,667.71 | $3,250,000.00 |
| **Grand Total** | 53.00 | 21,667.71 | $3,250,000.00 |

Name of person who prepared this report: Bret Collazzi
Title: Partner | Phone #: (646) 261-4471
Preparer's Signature: _____
Date Prepared: 2/7/2023

(Use additional pages, if necessary)