

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: Office of the State Comptroller	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: Zones, LLC	Contract Number: TBD
Contract Start Date: / / TBD	Contract End Date: / / TBD

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1099.99	200	870,000	34,000,000
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report:
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 Date Prepared: 6/17/ 2022
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