

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: 1Division of the Budget
 State Agency Department ID: 1050000 Agency Business Unit: DOB01
 Contractor Name: MAXIMUS US Services, Inc. Contract Number: C000477
 Contract Start Date: 6/1/2023 Contract End Date: 12/31/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011-00 Chief Executive	1.00	320.00	\$89,600.00
11-1021.00 General Operations Mgr	1.00	1,100.00	\$242,000.00
13-2051.00 Financial Analysts	4.00	2,570.00	\$323,400.00
	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	6.00	3,990.00	\$655,000.00
Grand Total			

Name of person who prepared this report: Nelson Clugston

Title: Vice President

Phone #: 804-823-8131

Preparer's Signature: 

Date Prepared: 06/06/2023