

CONTRACTOR DISCLOSURE 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 Workers' Compensation Board**

State Agency Department ID: **3560000**

Agency Business Unit: **WCB01**

Contractor Name: **New York State Technology Enterprise Corporation (NYSTEC)**

Contract Start Date: **03/25/2024**

Contract End Date: **03/24/2026**

Contract Number:
PN691AE

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1299.09	1.00	4,176.00	\$653,460.48
Total this page	1.00	4,176.00	\$653,460.48
Grand Total	1.00	4,176.00	\$653,460.48

Name of person who prepared this report: **Courtney Souza**

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Preparer's Signature:

Date Prepared: **3/15/2024**

Use additional pages if necessary