

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: <i>Lamont Financial Services</i>	Contract Number: <i>0001032</i>
Contract Start Date: <i>2/28/17</i>	Contract End Date: <i>2/10/22</i>

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>13,2051.00 Financial Analyst</i>			<i>\$ 400,000</i>
Total this page	0	0	<i>\$ 0.00 400,000</i>
Grand Total			

Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature:

Date Prepared: / /

(Use additional pages, if necessary)

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