


**CONTRACTOR DISCLOSURE FORM A**

AC 271-S (Effective 4/12)

**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: Lumsden & McCormick LLP  
 Contract Start Date: 07/01/2020  
 Contract Number: C140399  
 Contract End Date: 06/30/20203

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13.1111.00	8	1,630	\$300,000
Total this page	8	1,630	\$300,000.00
<b>Grand Total</b>	8	1,630	\$300,000.00

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 Date Prepared: 07/01/2020  
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Use additional pages if necessary

