

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 Executive Chamber / Department of Health
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Wilmer Cutler Pickering Hale and Dorr LLP Contract Number: C000273
 Contract Start Date: 01/01/2022 Contract End Date: 12/31/2022

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
23-1011.00 Lawyers	6.00	650.00	\$420,000.00
23-2011.00 Paralegals and legal assistants	8.00	800.00	\$280,000.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	14.00	1,450.00	\$700,000.00
Grand Total			\$700,000.00

Name of person who prepared this report: Boyd Johnson

Title: Partner

Phone #: 212-295-6490

Preparer's Signature:  _____

Date Prepared: 7/28/2022