

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: **AUDIT SERVICES US, LLC** Contract Number: **C001149**
 Contract Start Date: **07/01/2022** Contract End Date: **06/30/2022**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-2011.00 AUDITORS	4	21,000	1,450,000
11-1011.00 EXECUTIVES	2	4,000	510,000
11-1021.00 OPS MGR	1	1,600	92,000
11-3012.00 ADMIN MGR	1	3,100	135,000
Total this page	8	29,700	\$ 2,000 2,215,000
Grand Total	8	29,700	2,215,000

Name of person who prepared this report:
 Title: **DIRECTOR OF OPERATIONS** Phone #: **212.554.5487 x228**
 Preparer's Signature: *[Signature]*
 Date Prepared: **06/27/2022**
 (Use additional pages, if necessary)

[Signature] **JUNE 30, 2022**
 Benjamin C. Spann, Chief Executive Officer Date