


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: Department of Health
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Boston Consulting Group, Inc Contract Number: _____
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Engagement Partner	13.00	3,581.00	\$2,126,924.00
Project Manager	2.00	1,800.00	\$666,000.00
Senior Analyst	4.00	4,800.00	\$1,464,000.00
Analyst	12.00	10,422.00	\$2,543,076.00
	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	31.00	20,603.00	\$6,800,000.00
Grand Total			\$6,800,000.00

Name of person who prepared this report: Selin Zalma
 Title: VP and Managing Director Phone #: (917) 916 9526
 Preparer's Signature:  _____
 Date Prepared: 10/15/2021