

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term	
State Agency Name: NYS Insurance Fund	Agency Code: 7010204

Contractor Name: Jackson Lewis, P.C. Contract Number: C00541

Contract Start Date: 05-01-20 Contract End Date: 04-30-25

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Legal	4	1,238	\$700,000
Total this page			
Grand Total			\$700,000

Name of person who prepared this report: Vincent Ginardi

Title: Contract Management Specialist 2	Phone #: 518-437-4356
Preparer's Signature:	
Date Prepared: 4/25/22	

(Use additional pages, if necessary) Page ___ of ___