

**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: GARWET RIVER LLC**      **Contract Number: C00116**  
**Contract Start Date: 5/1/21**      **Contract End Date: 4/30/26**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-12-12-00	1	3325.8	500,000
<b>Total this page</b>	0 1	0 3325.8	\$ 0.00 500,000
<b>Grand Total</b>			\$ 500,000

**Name of person who prepared this report:** PAUL GASPARINI  
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**Preparer's Signature:** *Paul Gasparini*  
**Date Prepared:** 3/31/21  
 (Use additional pages, if necessary)      **Page** 1 **of** 1