

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: **ADVANCED STRATEGIES, INC.** Contract Number: **C001131**
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3131.00 TRAINING & DEV. MBRS.	3	337	\$153,400.00
Total this page	0 3	0 337	\$ 000 153,400
Grand Total	3	337	\$153,400

Name of person who prepared this report: **GINO VALERIANI**
 Title: **Accountant** Phone #: **770-936-4018**
 Preparer's Signature: *GINO VALERIANI*
 Date Prepared: **06/23/2021**
 (Use additional pages, if necessary) Page **1** of **1**