

**CONTRACTOR DISCLOSURE FORM A**

AC 271-S (Effective 4/12)

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term


State Agency Name: NYS Workers' Compensation Board  
 State Agency Department ID: 3560000  
 Agency Business Unit: WCB01  
 Contractor Name: Ferraro Amodio & Associates, LLC                      Contract Number: C140392  
 Contract Start Date: 07/01/2021    Contract End Date: 06/30/2026

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13 - 2099.04	10	2628	\$413,166.00
13 - 1031.00	2	360	\$44,700.00
23 - 1011.00	2	180	\$55,920.00
43 - 6014.00	1	432	\$38,016.00
Total this page	15	3600	\$551,802.00
<b>Grand Total</b>	<b>15</b>	<b>3600</b>	<b>\$551,802.00</b>

Name of person who prepared this report: Paul Zarecki

Title: Partner

Phone #: (518) 424 5903

Preparer's Signature: 

Date Prepared: 06/04/2021

Use additional pages if necessary