

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: NYS	Agency Business Unit: DFS01
Department of Financial Services	
State Agency Department ID: 3500000	Contract Number: PH68912
Contractor Name: Greycell Labs Inc.	Contract End Date: 09/22/2025
Contract Start Date: 09//23/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09	1.00	3975.00	\$305,000.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	1	3975	305,000

Name of person who prepared this report: Nina Doss
 Title: HBITS Coordinator Phone #:518-408-2761
 Preparer's Signature: _____ *Nina Doss* _____
 Date Prepared: 8/16 /2023