

FORM A

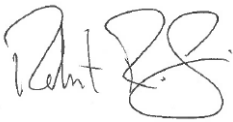
**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: Greycell Labs, Inc.
 State Agency Department ID: 17000 Agency Business Unit: DOT01
 Contractor Name: Abdulkerim Omer Mohammed Ibrahim Contract Number: OCHB017
 Contract Start Date: 9/18/2023 Contract End Date: 3/17/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1	5000	\$442,300
	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	1	5,000	\$442,300
Grand Total	1	5,000	\$442,300

Name of person who prepared this report: Robert Lewis
 Title: CMS III

Phone #: 518-457-7273

Preparer's Signature: 
 Date Prepared: 05/08/2023

(Use additional pages, if necessary)