

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: New York State Executive Chamber
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Selendy Gay Elsberg PLLC Contract Number: C000279
 Contract Start Date: 1/1/2023 Contract End Date: 2/28/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Officials/Administrators	2.00	12.00	\$8,400.00
Professionals	3.00	148.20	\$69,530.00
	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	5.00	160.20	\$77,930.00
Grand Total	5.00	160.20	\$77,930.00

Name of person who prepared this report: Andrew Dunlap

Title: Partner and Member

Phone #: 212-300-9000

Preparer's Signature: _____

Date Prepared: 6/9/2023