


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: Hinckley, Allen & Snyder LLP Contract Number: C000280
 Contract Start Date: 02/13/2023 Contract End Date: 02/12/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Lawyers	3.00	400.00	\$150,000.00
Paralegals & Legal Assistants	1.00	125.00	\$25,000.00
	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
Total this Page	4.00	525.00	\$175,000.00
Grand Total			

Name of person who prepared this report: Christopher V. Fenlon
 Title: Partner Phone #: 518-396-3138
 Preparer's Signature: 
 Date Prepared: 03/14/2023