

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:


FORM A

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|--|----------------------|
| State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term | |
| State Agency Name: NYS Insurance Fund | Agency Code: 7010204 |

Contractor Name: Clare Monteau, LLC Contract Number: _____

Contract Start Date: _____ Contract End Date: _____

| Employment Category | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| 13-1151.00 Training & Development Specialists | 1 | 320 | \$185,000 |
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| Total this page | 1 | 320 | \$185,000 |
| Grand Total | 1 | 320 | \$185,000 |

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|---|-----------------------|
| Name of person who prepared this report: Clare Monteau | |
| Title: Owner/President | Phone #: 518-301-9060 |
| Preparer's Signature:  | |
| Date Prepared: 11/7/2023 | |

(Use additional pages, if necessary)