AC 3271-S (Effective 4/12)

FORM A

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

CD

State Agency Name: Division of the Budget

State Agency Department ID: 1050000 | Agency Business Unit: DOB01 1050000

Contractor Name: Joseph M. Bress | Contract Number: S000404

Contract Start Date: 04/01/2015 | Contract End Date: 03/31/2016

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-1075.00	1.00	2,083.00	$150,000.00
	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	1.00	2,083.00	$150,000.00
Grand Total	1.00	2,083.00	$150,000.00

Name of person who prepared this report:

Title: PRINCIPAL Phone #: 202-368-4960

Preparer's Signature: [signature]

Date Prepared: July 28, 2015