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: Office of Temporary and Disability Assistance

State Agency Department ID: 3410000

Agency Business Unit: TDA-01

Contractor Name: GH, LLC

Contract Number: Alternate Format and Mail Services IFB 2015

Contract Start Date: 10/19/2015

Contract End Date: 10/19/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1021	1	10,400	$400,000.00
15-1131	3	31,200	$1,050,000.00
43-9081	16.9	137,490	$2,789,463.96
27-3091	22	178,737	$4,434,057.87
43-9021	45.6	371,223	$6,460,715.81
27-1024	6.8	54,996	$1,188,761.13
51-5113	8.4	68,745	$1,155,446.21
15-1199	1	10,400	$300,000.00
51-1011	1	10,400	$225,000.00
	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
Total this Page	105.6	873,591.98	$18,003,444.97
Grand Total	105.6	873,591.98	$18,003,444.97

Name of person who prepared this report: Reid Schmidt

Title: General Manager

Phone #: 765-775-3776

Preparer's Signature: _____

Date Prepared: 5/8/2015

(Use additional pages, if necessary)