

## CONSULTANT DISCLOSURE FORM A

Complete instructions may be accessed at: <http://www.osc.state.ny.us/agencies/gbull/g-226.htm>

<p><b>OSC Use Only:</b>  Reporting Code:  Category Code:  Date Contract Approved:</p>
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**FORM A**

### State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

*Sequence 5*    *DOB01-1050000-*

State Agency Name: NYSDOB Contractor Name: McKinsey & Company, Inc.	Agency Code: 01010 Contract Number: C000410
Contract Start Date: 10/08/12	Contract End Date: 04/30/14

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1111.00 Management Analysis	8	17,529	\$5,642,370
<b>Total this page</b>	8	17,529	\$5,642,370
<b>Grand Total</b>	8	17,529	\$5,642,370

Name of person who prepared this report: Michelle Heaslip  
 Title: Contract Administrator *MAS* Phone #: 474-4421  
 Preparer's Signature: \_\_\_\_\_  
 Date Prepared: 4/2/13