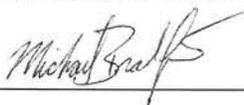


FORM A

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

State Agency Name: OPWDD	Agency Business Unit: OPD01
State Agency Department ID: 3660243	Contract Number: C0SCO0014
Contractor Name: UTC Associates Inc.	Contract End Date: 03/31/2019
Contract Start Date: 01/01/2018	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1199.09 IT Project Manager	1.00	2,212.00	\$200,000.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	2,212.00	\$200,000.00
Grand Total			

Name of person who prepared this report: Michael Brandofino
 Title: COO
 Preparer's Signature: 
 Date Prepared: 5/1/2018
 Phone #: 212-344-4111