

**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: New York State Office for People With Developmental Disabilities  
 State Agency Department ID: 3660243 Agency Business Unit: OPD01  
 Contractor Name: A-magine Business Services, Inc. Contract Number: C0SCO0015  
 Contract Start Date: 04/01/2018 Contract End Date: 03/31/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1032.00 - Computer Software Engineer	1.00	2,000.00	\$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
<b>Total this Page</b>	1.00	2,000.00	\$200,000.00
<b>Grand Total</b>	1.00	2,000.00	\$200,000.00

Name of person who prepared this report: Gary D Strevell

Title: President

Phone #: (518)527-5586

Preparer's Signature: 

Date Prepared: 04/03/2018