

FORM A

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

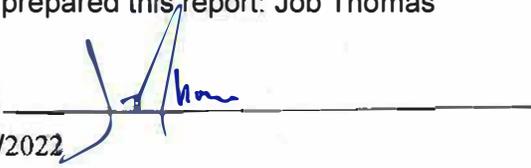
State Agency Name: NYS Department of Health	Agency Business Unit: 3450000
State Agency Department ID: 12000	Contract Number: C032433
Contractor Name: Measurement Incorporated	Contract End Date: 06/30/2023
Contract Start Date: 09/01/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011.00 Chief Executive	1.00	800.00	\$35,328.00
13-1082.00 Project Management	1.00	1,200.00	\$57,600.00
11-3131.00 Training Managers	1.00	1,000.00	\$52,250.00
19-3022.00 Survey Researcher	1.00	120.00	\$3,360.00
15-1254.00 Web Developer	1.00	160.00	\$5,120.00
15-1242.00 Database Administrators	1.00	1,200.00	\$33,600.00
Total this Page	6.00	4,480.00	\$187,258.00
Grand Total	6.00	4,480.00	\$187,258.00

Name of person who prepared this report: Job Thomas

Title: Vice-President

Phone #: 518-427-9840

Preparer's Signature: 

Date Prepared: 09/26/2022