

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORM A

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 Code: 12000
 Contractor Name: *Coring Environments J & H, Inc* Contract Number:
 Contract Start Date: *6/1/22* Contract End Date: *5/31/27*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>13 - 1041.00</i>	<i>2</i>	<i>973.7</i>	<i>267,761.92</i>
Total this page	<i>2</i>	<i>973.7</i>	\$ <i>267,761.92</i>
Grand Total			

Name of person who prepared this report: *Juan Santiago*
 Title: *President* Phone #: *716 848 9706*
 Preparer's Signature: *[Signature]*
 Date Prepared: *7/21/2022*
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