Bureau of Contracts 110 State Street, 11<sup>th</sup> Floor Albany, NY 12236 Attn: Consultant Reporting

By fax:

(518) 474-8030 or (518) 473-8808

To DCS:

By mail:

NYS Department of Civil Service Alfred E. Smith Office Building Albany, NY 12239

> 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: AGLE DESIGN & MANAGMENT, INC Contract Number: CO 37 318

Contract Start Date: //6/01/22 Contract End Date: // 5/31/27

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Construction Mgn	1 (Male)	Apprx. 1857h	\$ 325,000.00
Gen & opr. Mgn	( ( Jevale)	Appre. 1262h	9 113,565.83
			1223   12   12   12   12   12   12   12
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Total this page	0	0	\$ 0.00
Grand Total	2		\$438,565.83

Name of person who prepared this report: Nabed & Bla		
Title: Progradent (Hole Derign & Mgut, Inc) Phone #:	516-241-6097.	
Preparer's Signature:		
Date Prepared: // 5/6/22	Page of	
(Use additional pages, if necessary)		