

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: State University of New York - System Administration
 State Agency Department ID: SNY01 Agency Business Unit: 2877
 Contractor Name: Research Foundation for SUNY Contract Number: C003916
 Contract Start Date: 04/01/2022 Contract End Date: 03/31/2025

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|-----------------------------------------------------------------|---------------------|------------------------------|-----------------------------------|
| 43-9199.00 Office and Administrative Support Workers, All Other | 0.00 | 0.00 | \$272,727.27 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
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| | 0.00 | 0.00 | \$0.00 |
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| | 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 | 0.00 | 0.00 | \$272,727.27 |
| Grand Total | | | \$272,727.27 |

Name of person who prepared this report: Heather Loukmas

Title: Contract Manager

Phone #: 518-445-4087

Preparer's Signature: 

Date Prepared: 05/09/2022