

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>


State Agency Name: NYS CCF	Agency Business Unit:
State Agency Department ID:	Contract Number: C029814
Contractor Name: Dixon and Schwabl	Contract End Date: / /
Contract Start Date: / /	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-2011.00 Advertising and Promotions Manager	7.00	558.25	\$111,650.00
	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
	0.00	0.00	\$0.00
Total this Page	7.00	558.25	\$111,650.00
Grand Total	7.00	0.00	\$111,650.00

Name of person who prepared this report: Kevin Sweet

Title: CMS 3

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Preparer's Signature: 

Date Prepared: 10/24/2023