

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: NYSDOCCS	Agency Business Unit:
State Agency Department ID:	
Contractor Name: Environmental Education Associates	Contract Number: C000270
Contract Start Date: 07/01/2023	Contract End Date: 06/30/2025

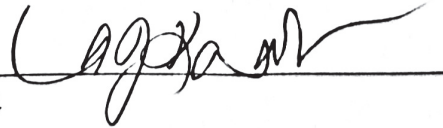
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Trainer	4.00	1,200.00	\$180,000.00
Adminstrative	3.00	500.00	\$37,500.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	7.00	1,700.00	\$217,500.00
Grand Total	7.00	1,700.00	\$217,500.00

Name of person who prepared this report: Alisa J. Raab

Title: Training Coordinator

Preparer's Signature: _____

Date Prepared: 04/26/2024



Phone #: 716-833-2929 ext 125