AC 3271-S (Effective 4/12)

**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: NYS ITS
State Agency Department ID: 1380000 | Agency Business Unit: OFT01
Contractor Name: Unique Comp Inc | Contract Number: PH68632
Contract Start Date: 03/16/2022 | Contract End Date: 04/15/2024

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---|---|---|
| Project Manager | 1.00 | 4,166.01 | $373,066.20 |
| | 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 | 1.00 | 4,166.01 | $373,066.20 |
| **Grand Total** | 1.00 | 4,166.01 | 373,066.20 |

Name of person who prepared this report: Diana Tacuri
Title: Sr. Resource Manager | Phone #: 718-392-5100 x 408
Preparer's Signature: Diana Tacuri
Date Prepared: 10/24/2023

(Use additional pages, if necessary) Page of