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:

SUNY Upstate Medical University

Agency Code:

28110

Contractor Name: ASSOCIATES, INC

Contract Start Date 11/1/2022

Contract Number: C - 506317

Contract End Date: 10|31|2025

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
LACTATION CONSULTANT		0.5FTE	\$ 239,191.00
Total This Page	I	as fre	\$ 239,191.50
Grand Total	1	0.SFTE	\$239,191. ⁵⁰

Name of person who prepared this report LISA MCNISH	
Title: PRACTICE ADMINISTRATOR. Phone #: 315.470.7903	
Preparer's Signature Tusc Mondon	_
Date Prepared: 4/17/2023	