## 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: SUNY Upstate Medical University

State Agency Department ID: 3320211

Contractor Name: Commercial Investigations, LLC

Contract Start Date: 02/01/2024

Agency Business Unit: 28110 Contract Number: C506902 Contract End Date: 01/31/2028

| Employment Category                             | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|---|------------------------|---------------------------------|--------------------------------------|
| 33-9021.00 Private Detectives and Investigators | 20 employees           | 1,075 hours                     | \$422,130.50                         |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
|   |                        |                                 |                                      |
| Total this Page                                 | 20                     | 1,075                           | \$422,130.50                         |
| Grand Total                                     | 20                     | 1,075                           | \$422,130.50                         |

| Name of person who prepared this report: Emily Wagner |                       |
|---|-----------------------|
| Title: Contract Administrator                         | Phone #: 315-464-8922 |
| Preparer's Signature: Emity Wagner                    |                       |
| Date Prepared: 1/31/2024                              |                       |