


FORM A Reporting Code = CE

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: GOER  
 State Agency Department ID: 1120000 Agency Business Unit: OER01  
 Contractor Name: Capital Region Language Center, LLC Contract Number: C16004  
 Contract Start Date: 01/01/2017 Contract End Date: 12/31/2021

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Training and Development Specialist	6.00	333.00	\$350,000.00
	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	6.00	333.00	\$350,000.00
<b>Grand Total</b>			

Name of person who prepared this report: Kimberly M Andersen  
 Title: Owner/ Director Phone #: 518-729-5407  
 Preparer's Signature:   
 Date Prepared: 09/15/2016