AC 3271-S (Effective 4/12)

OFROI-C16009-1120000 Reporting Cade: CE

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: GOER

State Agency Department ID: 1120000

Contractor Name: Empire State Training

**Associates** 

Contract Start Date: 01/01/2017

Agency Business Unit: OER01

Contract Number: C16009

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	1.00	3,000.00	\$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
Total this Page	1.00	3,000.00	\$350,000.00
Grand Total	1.00	3,000.00	\$350,000.00

Name of person who prepared this report: Debra Hazard

Title: President

Preparer's Signature

Date Prepared: 11/01/2016

Phone #: 5183725921

(Use additional pages, if necessary)

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