

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: NYSED	Agency Business Unit: SED01
State Agency Department ID:	Contract Number: C012602
Contractor Name: LIU	Contract End Date: 12/31/16
Contract Start Date: 1/1/16	

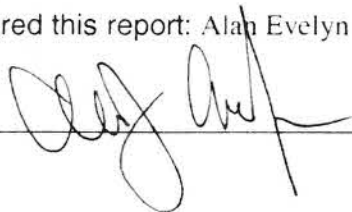
Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
25-3099.00	10.00	574.00	\$53300.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	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	10.00	574.00	\$ 0.00
Grand Total	10.00	574.00	\$53,300.00

Name of person who prepared this report: Alan Evelyn

Title: Executive Director

Phone #: 516-299-2523

Preparer's Signature: _____



Date Prepared: 2/19/16