

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: NYS Education Department  
 State Agency Department ID: 3300200 Agency Business Unit: SED01  
 Contractor Name: Adam Brownfeld Contract Number: S012776  
 Contract Start Date: 10/01/2016 Contract End Date: 05/31/2018

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
19-3031.02	0.00	532 <del>360.00</del>	\$33,840.00 <del>\$33,840.00</del>
	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
	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	0.00	532 <del>360.00</del>	\$33,840.00 <del>\$33,840.00</del>
Grand Total			\$33,840.00

*\$50,000.00*

Name of person who prepared this report: Adam Brownfeld  
 Title: Clinical Psychologist  
 Preparer's Signature: *Adam Brownfeld*  
 Date Prepared: 08/25/2016

Phone #: 917-902-0648

*474-9834*  
 Jessica Hartjen  
 Contract Management Specialist I  
*Jessica Hartjen* 12/9/16  
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(Use additional pages, if necessary)