FORM A 001254-3320206

## New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

Agency Business Unit: SNY01

State Agency Name: University at Buffalo

State Agency Department ID: 3320206

Contractor Name: RF of SUNY Contract Number: TBD

Contract Start Date: 04/01/2016 Contract End Date: 03/31/2017

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Dentist, Other Specialty 29-1029.00	1.00	593.77	\$65,661.00
Dental Hygenist	2.00	3,412.50	\$115,120.00
	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	3.00	4,006.27	\$180,781.00
Grand Total	3.00	4,006.27	\$180,781.00

Name of person who prepared this report: Bradley Bermudez

Title: Sr. Agreement Administrator

Date Prepared: 11/11/2016

Preparer's Signature: \_

Phone #: 716-645-4383

(Use additional pages, if necessary)