

**FORM A**

TDA01-021935-3410000

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

State Agency Name: Office of Temporary and Disability Assistance  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: Center for Policy Research Contract Number: \_\_\_\_\_  
 Contract Start Date: 11/01/2016 Contract End Date: 10/31/2017

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Professional (Economist)	1.00	340.00	\$44,339.00
Professional (research assistance)	3.00	244.00	\$17,446.00
	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
<b>Total this Page</b>	<b>4.00</b>	<b>584.00</b>	<b>\$61,785.00</b>
<b>Grand Total</b>	<b>4.00</b>	<b>584.00</b>	<b>\$61,785.00</b>

Name of person who prepared this report: Kathan Meyer

Title: Office Manager

Phone #: 303.837.1555

Preparer's Signature: Kathan T. Meyer

Date Prepared: 08/26/2016