

OSC Use Only:

Reporting Code CV

Category Code:

Date Contract Approved:

FORM A

**State Consultant Services - Contractor's Planned Employment  
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: *NYSDAM* Agency Code:  
 Contractor Name: *Cornell University* Contract Number: *C200872*  
 Contract Start Date: *9/1/2017* Contract End Date: *8/31/2018*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>Agricultural technician</i>	<i>1</i>	<i>1429</i>	<i>\$54,000</i>
Total this page	<i>1</i>	<i>1429</i>	<i>\$54,000</i>
Grand Total			

Name of person who prepared this report: *Tracy Holdridge*  
 Title: *Finance Manager* Phone #: *255-5474*

Preparer's Signature: *Tracy Holdridge*

Date Prepared: *10/17/17*

(Use additional pages, if necessary) Page of

Please submit one copy of this form to:

NYS Department of Agriculture & Markets  
 Division Fiscal Management  
 10B Airline Drive  
 Albany, NY 12235