OSC Use Only:	
Reporting Code:	
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: NY Dep Contractor Name: Resposive Contract Start Date:	Managemen	Agency Contrac act End Date:/	t Number: <u>Cooq 97-3</u> 2017
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Professional	10	1,610	\$ 209,500
Total III Assessment			6760 + 00
Total this page			5209,500
Grand Total		10 1	209,500
Name of person who prepared Title: Business Manager Preparer's Signature: Alian	=		1: 540-437-1888
Date Prepared: 1 2 1 2017			
(Use additional pages, if necessary)		Pageof	