

FORM A

DOS01 - C 100 1092 - 38 00000

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

State Agency Name: NYS DEPARTMENT OF STATE
State Agency Department ID: Agency Business Unit:
Contractor Name: SOLOGISTICS LLC Contract Number:
Contract Start Date: 11 Bus. Day after OSC App Contract End Date: 11 year

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
PROJECT MANAGER	1	88	11,880.00
TECHNICAL ARCHITECT	1	104	14,040.00
DEVELOPER	1	120	15,000.00
TRAINER / COACH	1	88	11,000.00
ADMIN / ANALYST	1	200	20,000.00
Total this Page	0.00	0.00	71920 0.00
Grand Total			

Name of person who prepared this report: FAYEANN LAWRENCE

Title: CEO

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Preparer's Signature: 
Date Prepared: 12/7/17

(Use additional pages, if necessary)