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FORM A

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

State Agency Name: New York State Education Department	
State Agency Department ID:	Agency Business Unit:
Contractor Name: Madison-Oneida BOCES	Contract Number:
Contract Start Date: 07/01/2017	Contract End Date: 06/30/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
43-1011.00	1.00	32.00	\$62,512.00
43-4051.00	2.00	12.00	\$21,215.00
	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	44.00	\$83,727.00
Grand Total			

Name of person who prepared this report: Amanda J Palmer

Title: Assistant Director

Phone #: 315-361-2700

Preparer's Signature:



Date Prepared: 3/3/2017