

FORM A

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

State Agency Name: NYS DAM
 State Agency Department ID: 3000000 Agency Business Unit: AGM01
 Contractor Name: Farmers Market Federation of NY Contract Number: 1012202
 Contract Start Date: 4/1/20 Contract End Date: 3/31/21

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<u>11-1011,00</u>	<u>2 *</u>	4500	<u>202,500</u>
Total this Page	0	0	\$ 0.00
Grand Total	<u>2 *</u>	4500	<u>202,500</u>

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 Preparer's Signature: [Signature]
 Date Prepared: 4/1/20