

**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: State University of New York at Binghamton  
 State Agency Department ID: 3320202 Agency Business Unit: SNY01  
 Contractor Name: D2L, LTD Contract Number: C100043  
 Contract Start Date: 08/01/2021 Contract End Date: 07/31/2026

| Employment Category       | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------|---------------------|------------------------------|-----------------------------------|
| Project Manager           | 1.00                | 150.00                       | \$20,000.00                       |
| Implementation Consultant | 1.00                | 75.00                        | \$10,000.00                       |
| Trainer                   | 1.00                | 30.00                        | \$3,000.00                        |
|                           | 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                | 255.00                       | \$33,000.00                       |
| <b>Grand Total</b>        |                     |                              |                                   |

The hourly rates on this form are for information only; current orders under Contract # C100043 as at August 25, 2020 are fixed price.

Name of person who prepared this report: Jake Heimpel

Title: Senior Sales Executive

DocuSigned by:  
  
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Phone #: 519-276-1552

Preparer's Signature: \_\_\_\_\_

Date Prepared: 8/25/2020