

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: GOER	Agency Business Unit:
State Agency Department ID:	Contract Number: 1120000
Contractor Name: Capital Region Language Ctr	Contract End Date: 12/31/2026
Contract Start Date: 01/01/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Adult Basic Education, Adult Secondary Education, ESL Instructors 25-3011.00	5.00	1,000.00	\$287,000.00
Instructional Coordinators 25-9031.00	3.00	160.00	\$13,000.00
	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
	0.00	0.00	\$0.00
Total this Page	8.00	1,160.00	\$300,000.00
Grand Total			

Name of person who prepared this report: Kimberly Andersen

Title: President

Phone #: 518-884-4652

Preparer's Signature: Kimberly Andersen

Date Prepared: 12/3/21

(Use additional pages, if necessary)