

College of Environmental
Science & Forestry

3320213

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORM B

State Consultant Services
Contractor's Annual Employment Report
 Reporting Period: April 1, 2020 to March 31, 2021

State Agency Name: **SUNY**
 Contract No.: T201508 Agency Business Unit: SUNY01
 Contract Term: Agency Department ID: 3320213
 Contractor Name: Popli, Architecture + Engineering & LS, DPC
 Contractor Address: 555 Penbrooke Drive; Penfield, New York 14526
 Description of Services Being Provided: Engineering

Scope of Contract (Choose one that best fits):

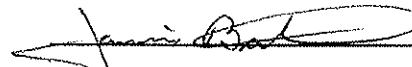
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Analysis | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Research | <input type="checkbox"/> Training |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Other IT Consulting | |
| <input checked="" type="checkbox"/> Engineering | <input type="checkbox"/> Architect Services | <input type="checkbox"/> Surveying | <input type="checkbox"/> Environmental Services |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Accounting | |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Legal | <input type="checkbox"/> Other Consulting |

Employment Category	Number of Employees	Number of hours worked	Amount Payable Under the Contract
17-2071.00	1	0.50	\$350
17-2141.00	4	137.75	\$91,312
17-3013.00	1	42.00	\$13,970
17-3023.00	1	3.50	\$1,590
Total this page	7	183.75	\$107,222
Grand Total	7	183.75	\$107,222

Name of person who prepared this report:

Jamie Bostian

Preparer's Signature:



Title:

Accountant III

Date Prepared:

May 7, 2021

(Use additional pages, if necessary)

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FORM B

**State Consultant Services
 Contractor's Annual Employment Report
 Reporting Period: April 1, 2020 to March 31, 2021**

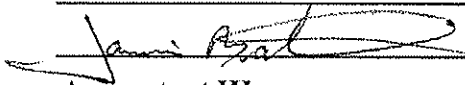
State Agency Name: **SUNY**
 Contract No.: _____ Agency Business Unit: **SUNY01**
 Contract Term: _____ Agency Department ID: **3320213**
 Contractor Name: **Popli, Architecture + Engineering & LS, DPC**
 Contractor Address: **555 Penbrooke Drive; Penfield, New York 14526**
 Description of Services Being Provided: **Engineering**

Scope of Contract (Choose one that best fits):

<input type="checkbox"/> Analysis	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Research	<input type="checkbox"/> Training
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Other IT Consulting	
<input checked="" type="checkbox"/> Engineering	<input type="checkbox"/> Architect Services	<input type="checkbox"/> Surveying	<input type="checkbox"/> Environmental Services
<input type="checkbox"/> Health Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Accounting	
<input type="checkbox"/> Auditing	<input type="checkbox"/> Paralegal	<input type="checkbox"/> Legal	<input type="checkbox"/> Other Consulting

Employment Category	Number of Employees	Number of hours worked	Amount Payable Under the Contract
17-2141.00	1	31.00	\$2,606
17-3013.00	1	18.50	\$1,530
Total this page	2	49.50	\$4,136
Grand Total	2	49.50	\$4,136

Name of person who prepared this report: **Jamie Bostian**

Preparer's Signature: 

Title: **Accountant III**

Date Prepared: **May 7, 2021**

(Use additional pages, if necessary)