

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: SUNY Upstate Medical University
 State Agency Department ID: 3320211 Agency Business Unit: SNY01
 Contractor Name: **Keystone Perfusion Services, PC** Contract Number: **RFP S-1182** *0504 359*
 Contract Start Date: **6/12/2017** Contract End Date: **12/12/2018**

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
29-2099.00 Health Technologists and Technicians, All Other	8.00	2,160.00	\$183,600.00
	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
	0.00	0.00	\$0.00
Total this Page	8.00	2,160.00	\$183,600.00
Grand Total			

Name of person who prepared this report: **Louis R. Verdetto**

Title: **President**

Phone #: **(267)307-6265**

Preparer's Signature: 

Date Prepared: **4/25/2017**

(Use additional pages, if necessary)

Available on-line at:

<http://www.osc.state.ny.us/agencies/forms/>

use AC 3271 S for Form A
and AC3272 S for Form B