

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 Dep of Agriculture and Markets
 State Agency Department ID: 3 00 00 00 Agency Business Unit: *AGM*
 Contractor Name: Trace First Limited Contract Number: C012016
 Contract Start Date: 01/01/2019 Contract End Date: 12/31/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer System Analyst 15-1051.00	1.00	712.00	\$89,000.00
	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	1.00	712.00	\$89,000.00
Grand Total	1.00	712.00	\$89,000.00

Name of person who prepared this report: Michael McGrath
 Title: Director Phone #: 253 218 6701
 Preparer's Signature: *Michael McGrath*
 Date Prepared: *8/22/19*