OSC Use Only:	
Reporting Code:	

Category Code:

Date Contract Approved:

## FORM A AGMOI - C300494-3000000

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Oupt Age M	Kts Agency Code:
Contractor Name: Upstate Emergency	Medicine The Contract Number: 2 300494
Contract Start Date: 01 101 2019	Contract End Date: 12 1311 2023

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-1021.00	2	440	24,730
29-10109,00	13	975	154,690
29-1141.00	12	975	55,700
29-2041.00	12	1,950	88,725
37-2011,00	2	935	31,480
			FE
,			
*			
Total this page	0		Φ. 2.24
Grand Total	4/	5,325	35 9, 325

Name of person who prepared this report:	Angela Spalice
Title: Account Phalyst	Phone #: 315 - 464 - 436
Preparer's Signature: And Stalisa	- 10 167-936

Date Prepared:03/20/20/4

(Use additional pages, if necessary)

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Please submit one copy of this form to:

NYS Department of Agriculture & Markets Division Fiscal Management 10B Airline Drive Albany, NY 12235