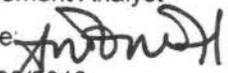


FORM A

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

State Agency Name: NYS Unified Court System	
State Agency Department ID: 5000288	Agency Business Unit: UCS02
Contractor Name: UB Family Medicine	Contract Number: C250629
Contract Start Date: 2/11/19	Contract End Date: 12/31/22

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Ph.D Evaluator (19-3099)	1	800	34,209
MPH Evaluator (19-3099)	1	800	22,861
Total this page			\$57,070
Grand Total			\$57,070

Name of person who prepared this report:
 Title: Senior Management Analyst
 Preparer's Signature: 
 Date Prepared: 12/23/2019
 (Use additional pages, if necessary)

Phone #: (518) 238-4357

Page 1 of 1