

## 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: *State University of NY* C002816  
 State Agency Department ID: *7002816* Agency Business Unit: *SNY01*  
 Contractor Name: *The Research Boutique* Contract Number: *3326215*  
 Contract Start Date: *5/28/27* Contract End Date: *5/13/25*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>market research</i>	<i>14</i>	<i>2000</i>	<i>330,500.00</i>
<i>13-1101.00</i>			
Total this Page			
Grand Total	<i>14</i>	<i>2000</i>	<i>330,500.00</i>

Name of person who prepared this report: *Christine Pirene*

Title: *President*

Phone #: *9179219865*

Preparer's Signature: *[Signature]*

Date Prepared: *5/29/27*

(Use additional pages, if necessary)

Page *11* of *10*

