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 Brockport

State Agency Department ID: 3320221

Contractor Name: GEVA THEATRE CENTER

Contract Start Date: 09/01/2024

Agency Business Unit:

Contract Number: C231522

Contract End Date: 08/31/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
25-1123.00	4.00	684.00	\$22,000.00
25-1123.00	3.00	16.00	\$1,200.00
25-1123.00	4.00	684.00	\$22,000.00
25-1123.00	2.00	3.00	\$700.00
25-1121.00	1.00	3.00	\$350.25
25-1121.00	3.00	16.00	\$1,200.00
25-1121.00	5.00	460.00	\$16,000.00
25-1121.00	5.00	32.00	\$5,689.00
	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	27.00	1,598.00	\$69,139.25
Grand Total			

Name of person who prepared this report: Pamela Powell

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Title: Assistant Director, Procurement & Payment

Phone

Phone #: 585-395-5148

Preparer's Signature:

Date Prepared: 10/04/2024

(Use additional pages, if necessary)