

**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 Upstate Medical

State Agency Department ID:

Agency Business Unit: 28110

Contractor Name: M/E Engineering, P.C.

Contract Number: 1510921223

Contract Start Date: / /

Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
M/E Engineering, P.C. 17-2199	7.00	508.00	\$75,801.00
Spring Line Design Architects 17-1011	7.00	303.50	\$39,039.00
Trophy Point, LLC	5.00	76.00	\$13,231.00
	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	19.00	887.50	\$128,071.00
<b>Grand Total</b>			

Name of person who prepared this report: Michael K. Sullivan, P.E.

Title: Vice President

Phone #: 518-533-2171 x1436

Preparer's Signature:



Date Prepared: 08/15/2024

(Use additional pages, if necessary)

Page of