

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: Department of Health	Agency Business Unit: BGDER DOH01
State Agency Department ID: (3450000)	Contract Number: C040649
Contractor Name: Research Triangle Institute	Contract End Date: 09/30/2030
Contract Start Date: 10/01/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
First or Mid level officials or managers	13.00	11,985.00	\$3,065,195.41
Professionals	19.00	53,562.00	\$7,175,645.14
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	32.00	65,547.00	\$10,240,840.41
<b>Grand Total</b>	32.00	65,547.00	\$10,240,840.41

Name of person who prepared this report: Andrew Carter

Title: Senior Contracting Officer

Phone #: 919-541-7175

Preparer's Signature: 

Date Prepared: 11/25/2024