AC 3271-S (Effective 4/12)

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 Department of Health
State Agency Department ID: Agency Business Unit:
Contractor Name: SAS Contract Number:
Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
SR-GSA	3.00	360.00	$71,614.80
MG-GSA	1.00	150.00	$34,807.50
PC-GSA	1.00	180.00	$47,741.40
PSA-GSA	1.00	60.00	$17,947.80
EXP-GSA	1.00	150.00	$49,732.50
	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	7.00	900.00	$221,844.00
Grand Total			

Name of person who prepared this report:
Title: COO
Preparer's Signature: Signed by: Robert Loomis 36181F045035487...
Phone #: 518-336-5511
Date Prepared: / / 2/23/2026

(Use additional pages, if necessary) Page of