

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 New York - System Administration
 State Agency Department ID: SNY01 Agency Business Unit: 2877
 Contractor Name: Deborah Heaphy LLC Contract Number: C004251
 Contract Start Date: 8/1/2025 Contract End Date: 7/31/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1231.00	1.00	4050	\$749,250.00
	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	\$0.00
Total this Page	1.00	0.00	\$749,250.00
Grand Total	1.00	4,050.00	\$749,250.00

Name of person who prepared this report: Deborah Heaphy
 Title: Owner - Managing Member Phone #: 518-466-0879
 Preparer's Signature: Deborah Heaphy
 Date Prepared: 7/1/2025