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:
State Agency Department ID: Agency Business Unit:
Contractor Name: Harkness Center for Dance Injuries Contract Number: C990292
Contract Start Date: 01/30/2026 Contract End Date: 01/29/2029

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
athletic trainer	1.00	1,755.00	$219,375.0
	0.00	0.00	0 $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	1,740.00	$ 219,375.00
Grand Total	1.00	1,740.00	$ 219,375.00

Name of person who prepared this report: Gail Chorney Title:
Vice Chair, Professional Services/NYU Department of Orthopaedic Surgery Phone #: 212-598-6054
Preparer's Signature: _____
Date Prepared: 1 / 27 / 26

(Use additional pages, if necessary)