

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORM A

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name:	Agency Code:
Contractor Name:	Contract Number:
Contract Start Date: / /	Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Cost estimating	3	145	\$ 23,999.00
Total this page			
Grand Total			

Name of person who prepared this report: Ella Bereznitsky
Title: President

Phone #: 212.971.0936

Preparer's Signature: 

Date Prepared: 11/03/2025

(Use additional pages, if necessary)

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 Plattsburgh		Agency Business Unit:
State Agency Department ID:		
Contractor Name: Encorus Group	Contract Number:	
Contract Start Date: / /	Contract End Date: / /	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Inspection			\$0.00
Expenses			\$4,420.36
Laboratory Costs			\$12,805.00
19-2041 Professional Eng	-0.00		\$0.00
19-2041 Inspector	1.00	162.00	\$14,391.08
11-1011 Project Manager	1.00	6.00	\$750.96
11-1021 Senior Project Manager	1.00	11.00	\$1,952.04
Total this Page	3.00	179.00	\$34,319.44
Grand Total			

Name of person who prepared this report: Brian Jones

Title: Project Manager

Phone #: 716-592-3980

Preparer's Signature: 

Date Prepared: 10/30/2025