

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 Upstate Medical
 State Agency Department ID: 3320217 Agency Business Unit: 28110
 Contractor Name: Dwyer Architectural Contract Number: D550401
 Contract Start Date: 03/07/2025 Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
17-1011.00 Architects, Except Landscape and Naval (Dwyer)	2.00	233.00	\$30,835.00
17-3011.01 Architectural Drafters (Dwyer)	1.00	404.00	\$39,422.00
43-6011.00 Executive Secretaries and Executive Administrative Assistants (Dwyer)	1.00	64.00	\$5,511.00
	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	4.00	701.00	\$75,768.00
Grand Total			

Name of person who prepared this report: Kelly Yahi, AIA, IIDA, NCIDQ
 Title: Partner Phone #: 315-473-1800
 Preparer's Signature: Kelly Yahi
 Date Prepared: 03/07/2025

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 Upstate Medical
 State Agency Department ID: 3320211 Agency Business Unit: 28110
 Contractor Name: Encorus Contract Number: D550401
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Professional Engineer I	1.00	64.00	\$10,588.02
Engineer I	1.00	88.00	\$8,948.93
Drafter II	1.00	66.00	\$6,236.49
Associate Engineer	1.00	12.00	\$1,048.17
	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	4.00	230.00	\$26,821.61
Grand Total	4.00	230.00	\$26,821.61

Name of person who prepared this report: Brian Tomczyk
 Title: Vice President, Finance Phone #: 716-592-3980
 Preparer's Signature: *Brian Tomczyk*
 Date Prepared: 05/02/2025

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 Upstate Medical*
 State Agency Department ID: *3320211* Agency Business Unit: *28110*
 Contractor Name: R.L. Young, LLC d.b.a. Trophy Point Contract Number: *0350461*
 Contract Start Date: */ /* Contract End Date: */ /*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Cost Estimating	5.00	94.00	\$14,574.00
	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	5.00	94.00	\$14,574.00
Grand Total			

Name of person who prepared this report: Richard Chudzik

Title: President

Phone #: 716-823-0006

Preparer's Signature: *Richard Chudzik*

_____ Date Prepared:

3/3/2025