

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: *SUNY* Agency Code: *320218*  
 Contractor Name: *Guidry & East of Arkansas, LLC.* Contract Number: *C320512*  
 Contract Start Date: *11/18/2019* Contract End Date: *5/8/2020*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>13-1111.00</i>	<i>7</i>	<i>100</i>	<i>235,400.00</i>
<i>29-1069.00</i>	<i>1</i>	<i>80</i>	<i>40,000.00</i>
Total this page			<i>275,400.00</i>
Grand Total			<i>275,400.00</i>

Name of person who prepared this report: *Troy Heckenkemper*  
 Title: *CFD* Phone #: *479-936-8754*  
 Preparer's Signature: *[Signature]*  
 Date Prepared: *3/11/2020*  
 (Use additional pages, if necessary)