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| <b>OSC Use Only:</b><br>Reporting Code:<br>Category Code:<br>Date Contract Approved: |
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**FORM A**

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

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| State Agency Name: <u>NYSDEC Lands and Forests</u> | Agency Code: _____                     |
| Contractor Name: <u>SOLitude Lake Management</u>   | Contract Number: _____                 |
| Contract Start Date: <u>___/___/2021</u>           | Contract End Date: <u>___/___/2026</u> |

| Employment Category    | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|------------------------|---------------------|------------------------------|-----------------------------------|
| 37-3012.00             | 4                   | 317                          | \$129,453.00                      |
| 19-1029.04             | 4                   | 80                           | \$49,000.00                       |
| 19-4021.00             | 2                   | 100                          | \$56,250.00                       |
|                        |                     |                              |                                   |
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|                        |                     |                              |                                   |
| <b>Total this page</b> |                     |                              | \$234,703.00                      |
| <b>Grand Total</b>     |                     |                              | \$234,703.00                      |

Name of person who prepared this report: Kara Sliwoski  
 Title: Project Manager Phone #: 508-523-1024

Preparer's Signature:  Digitally signed by Kara Sliwoski, DN: cn=Kara Sliwoski, o=SOLitude Lake Management, ou=www.solidulakemgmt.com, c=US, Date: 2021.04.16 15:12:18 -0400

Date Prepared: 04/16/2021