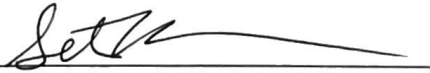


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Agriculture and Markets
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Resist, Inc. Contract Number: C012471
 Contract Start Date: 5/24/23 Contract End Date: 3/31/27

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Contractor Facilitator - Alexandra Barlowe	1	305	\$ 12,750.00
Contractor Graphic Designer-Lorena Estrella	1	25	\$ 1,250.00
Contractor- Wepa Translation	2	100	\$ 5,000.00
Contractor Consultant- Farmer Advisory Board	10	1800	\$ 81,000.00
Contractor Consultant- Black Farmer Fund	1-2	385	\$ 16,150.00
Contractor Consultant- Buffalo Go Green	1-2	385	\$ 16,150.00
Total this Page	11.6	3000	\$ 132,300.00
Grand Total			\$ 132,300.00

Name of person who prepared this report: Seth Kirshenbaum
 Title: Co-Director Phone #: (617)272-0139
 Preparer's Signature: 
 Date Prepared: 10/16/23

CONSULTANT SERVICES CONTRACTOR'S EMPLOYMENT REPORTS

Contractor shall complete the attached Form A: "State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term".

Instructions for Completing Form A

- **Employment Category:** the specific occupation(s), as listed in the O*NET occupational classification system, which best describe the employees providing services under the contract. (Note: Access the O*NET database, which is available through the United States Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)
- **Number of Employees:** the total number of employees in the employment category that will be employed to provide services under the contract during the Report Period, including part time employees and employees of subcontractors.
- **Number of hours to be worked:** the total number of hours to be worked during the Report Period by the employees in the employment category.
- **Amount payable under the Contract:** the total amount payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Submit one copy of Form A to:

NYS Department of Agriculture & Markets
Division Fiscal Management
10B Airline Drive
Albany, NY 12235