


**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:  
 State Agency Department ID: 3330209 Agency Business Unit: MEC01  
 Contractor Name: Collegiate Enterprise Solutions, LLC Contract Number: C232302  
 Contract Start Date: 01/19/2023 Contract End Date: 08/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Interim Dean of the School of Science and Allied Health / 11-9033.00	1.00	160	\$21,300.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	160.00	\$21,300.00
<b>Grand Total</b>	1.00	160/month	\$21,300.00

Name of person who prepared this report: Amy Lauren Miller  
 Title: Vice President Phone #: 978.532.4090  
 Preparer's Signature:   
 Date Prepared: 6/14/2023