

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 University of New York - System Administration
 State Agency Department ID: SNY01 Agency Business Unit: 2877
 Contractor Name: Dr. Katherine A. Kendall Contract Number: C004111
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
	0.00	0.00	
Information Technology Project Manager	1.00	2,550.00	\$497,250.00
	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	2,550.00	\$497,250.00
Grand Total			

Name of person who prepared this report: Aunkita Ghosh
 Title: Director, Accounts Phone #: 304-276-7332
 Preparer's Signature: *Aghosh*
 Date Prepared: 9/21/2023