

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: **University at Buffalo**
 State Agency Department ID: 3320206 Agency Business Unit: SNY01
 Contractor Name: **CPL** Contract Number: **0000050**
 Contract Start Date: **6/1/23** Contract End Date: **5/31/26**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
• POPULI DESIGN - MECHANICAL	TBD	TBD	
• RYAN BIGGS - STRUC.	TBD	TBD	
• DESIGN SYNERGIES - SUSTAIN. DESIGN	TBD	TBD	
• TROPHY PRINT - COST ESTIMATING	TBD	TBD	
• KCB ARCH. - DOOR HARDWARE	TBD	TBD	
• VARGAS ASSOC. - INTERIOR DES.	TBD	TBD	
• JADE STONE - ELEC. ENGR.	TBD	TBD	
• SIENNA TECH. - HAZARD MAT'L	TBD	TBD	
• VENDURA - LANDS. ARCH.	TBD	TBD	
Total this page	0	0	\$ 0.00
Grand Total			

Name of person who prepared this report: **MICHAEL MSTRINER**
 Title: **SENIOR VICE PRESIDENT** Phone #: **716.218.4738**
 Preparer's Signature: 
 Date Prepared: **6/24/23**
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*** NOTE:**
 THE ACTUAL # OF EMPLOYEES & # OF HOURS WORKED AS WELL AS AMOUNT PAYABLE WILL BE BASED UPON THE SPECIFIC PROJECT AWARDED UNDER THIS CONSULTANT BACKDROP AGREEMENT.