

**FORM A**

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

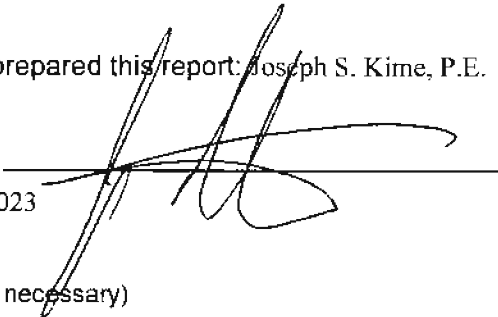
State Agency Name: State University of New York  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: Beardsley Design Associates  
 Architecture, Engineering, Landscape Architecture,  
 D.P.C. Contract Number: D202210  
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011.00	0.00	0.00	\$0.00
11-9041.00	0.00	0.00	\$0.00
43-6014.00	0.00	0.00	\$0.00
17-1011.00	0.00	0.00	\$0.00
17-2141.00	0.00	0.00	\$0.00
17-2051.00	0.00	0.00	\$0.00
17-2071.00	0.00	0.00	\$0.00
17-1012.00	0.00	0.00	\$0.00
17-3011.00	0.00	0.00	\$0.00
17-3013.00	0.00	0.00	\$0.00
17-3012.00	0.00	0.00	\$0.00
17-2199.00	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
<b>Total this Page</b>	0.00	0.00	\$ 0.00
<b>Grand Total</b>			

Name of person who prepared this report: Joseph S. Kime, P.E.

Title: Principal

Phone #: 315.253.7301

Preparer's Signature: 

Date Prepared: 6/22/2023

(Use additional pages, if necessary)

Page of