

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 Dept of Health
State Agency Department ID: 12000
Contractor Name: InfoPeople Corporation
Contract Start Date: 01/04/2016

Agency Business Unit: VS
Contract Number: C030267
Contract End Date: 01/3/2017

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-1511.00 Training & Development Specialists Note information filled on this form based on \$65/hour - 37.5 hours/week for 49 weeks plus 1 day.	1.00	1,845.00	\$119,925.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	1,845.00	\$119,925.00
Grand Total	1.00	1,845.00	\$119,925.00

Name of person who prepared this report: Laura Goffman

Title: Vice President

Phone #: 646-790-8254

Preparer's Signature: L. Goffman

Date Prepared: 3/3/2016

(Use additional pages, if necessary)

Page of