SNY01- (00/254-3320206

FORM A

<u>CE</u>

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

Contractor Name: RF of SUNY Contract Start Date: 4/01/2014 Agency Business Unit: SNY01 Contract Number: C001254 Contract End Date: 3/31/2015

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Dentist, Other Specialty 29-1029.00	1.00	471.9	45,327.42
Community Health Worker 21-1094.00	1.00	802.5	27,921.81
	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	2.00	1,274.40	\$73,249.23
Grand Total	2.00	1,274.40	\$73,249.23

Name of	person who	prepared t	his report: Mary Kraft

Title: Directore

Phone #: 716.645.4420

Preparer's Signature: _______

Date Prepared: 4//14/2015

(Use additional pages, if necessary)

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