

**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:	Agency Business Unit:
State Agency Department ID:	Contract Number: C00900
Contractor Name: n-Tier Technology, LLC	Contract End Date: / /
Contract Start Date: / /	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Sr. Progammmers	2.00	1,015.00	\$156,000 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
<b>Total this Page</b>	2 00	1,015.00	\$156,000.00
<b>Grand Total</b>	2.00	1015.00	\$156,000.00

Name of person who prepared this report: Robert Smith

Title: Manager

Phone #: 603-475-3373

Preparer's Signature:

Date Prepared: 3/9/2018