s/c 9			
		OSC Use Only: Reporting Code: Category Code: Date Contract Approved:	
FORM AH SC MovEXHIBIT CContractor's Planned EmploymentFrom Contract Start Date Through The I	,	State Co	nsultant Services -
State Agency Name: Agency Code: Contractor Name: Cornell Cooperative Extremsion of Suffalk Contract Number: Agency Code: Contract Start Date: 4/1/19 Contract End Date: 3/3/1			
Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11,9121,00 Nat. Sci MAN 19,1023,00 Wildlife Bis	1		57,000,00 204,935,00
Total this page	0	0	\$ 261,935,00
Grand Total			//

Name of person who prepared this report: VANCSSA Lockel Title: Executive Director Preparer's Signature: Novessa Lockel

Date Prepared: 13/10/20

(Use additional pages, if necessary)

Phone #:

Page of