

**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: Department of State  
 State Agency Department ID: 22-DRINYF-20      Agency Business Unit: DOS01/3800000  
 Contractor Name: Local Office Landscape and Urban Design      Contract Number: C1002382  
 Contract Start Date: / / 1/1/2023      Contract End Date: / / 12/31/2027

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| Engagement Partner  | 2.00                | 1000.00                      | \$300,000.00                      |
| Project Manager     | 1.00                | 2,000.00                     | \$400,000.00                      |
| Senior Analyst      | 1.00                | 2,000.00                     | \$300,000.00                      |
| Associate Analyst   | 1.00                | 2,500.00                     | \$250,000.00                      |
| Analyst             | 1.00                | 3,000.00                     | \$250,000.00                      |
|                     | 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                            |
| Total this Page     | 6.00                | 10.50                        | \$ 1,500,000.00                   |
| <b>Grand Total</b>  |                     |                              |                                   |

Name of person who prepared this report: Tricia Martin  
 Title: Associate Principal

Phone #: 347-236-0142

Preparer's Signature: 

\_\_\_\_\_ Date Prepared:

02 /08 /2023

(Use additional pages, if necessary)