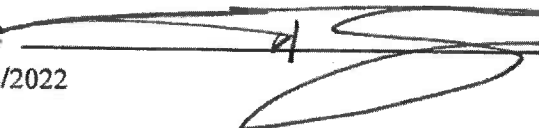


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: New York State Department of Transportation
 State Agency Department ID: 3900281 Agency Business Unit: DOT01
 Contractor Name: Contract Number:
 Contract Start Date: / / Contract End Date: / /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Project Manager	1.00	410.00	\$59,040.00
Compliance Supervisor	2.00	580.00	\$52,200.00
Compliance Coordinator	1.00	100.00	\$6,600.00
Principal in Charge	1.00	270.00	\$48,600.00
Admin	1.00	180.00	\$8,640.00
	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	6.00	1,540.00	\$175,080.00
Grand Total			

Name of person who prepared this report: Suranjan Ray
 Title: Principal Phone #: 9736666679
 Preparer's Signature: 
 Date Prepared: 09/06/2022