

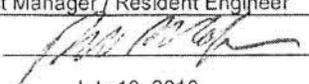
DOT#1- D037674-3900283  
QCH

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: **NYS DOT**  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: \_\_\_\_\_  
 Contractor Name: **Greenman-Pedersen, Inc.** Contract Number: **D037674**  
 Contract Start Date: **12/1/2017** Contract End Date: **6/5/2020**

Employment Category	Number of Employees	Number of Hours to be worked	Amount Payable Under the Contract
019-167.014 Project Managers	1	192	\$34,194.49
11-9041.00 Engineering Managers	1	4,360	\$820,784.88
47-4011.00 Construction & Building Inspectors	3	10,556	\$1,359,259.63
Total this page	5	15,108	\$2,214,239.00
Grand Total	5	15,108	\$2,214,239.00

Name of person who prepared this report: Phillip Trapani  
 Title: Project Manager / Resident Engineer Phone #: 631-587-5060  
 Preparer's Signature:   
 Date Prepared: July 10, 2018

(Use additional pages, if necessary)