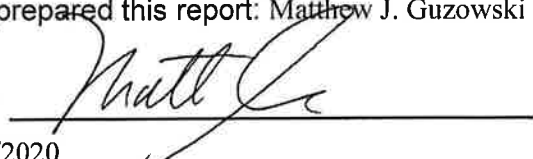


FORM A

**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: _____ Agency Business Unit: _____
 Contractor Name: Goodman-Marks Associates, Inc. Contract Number: C037880
 Contract Start Date: 07/01/2020 Contract End Date: 06/30/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-2021.02 Appraiser, Level 1	8.00	2,726.00	\$954,000.00
13-2021.02 Appraiser, Level 2	4.00	1,215.00	\$486,000.00
13-2021.02 Appraiser, Level 3	3.00	800.00	\$360,000.00
	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
Total this Page	15.00	4,741.00	\$1,800,000.00
Grand Total	15.00	4,741.00	\$1,800,000.00

Name of person who prepared this report: Matthew J. Guzowski
 Title: President
 Preparer's Signature: 
 Date Prepared: 07/15/2020

Phone #: (516) 248-9777