

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: NYSDOT	Agency Business Unit: DOT01
State Agency Department ID: 3900283	Contract Number: D041138
Contractor Name: AFRIDI ASSOCIATES	Contract End Date: 06/30/2027
Contract Start Date: 05/01/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Construction Inspectors 47-4011.00	4.00	17,196.00	\$2,269,731.00
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	4.00	17,196.00	\$2,269,731.00
Grand Total	4.00	17,196.00	\$2,269,731.00

Name of person who prepared this report: SHEHZAD KHAN

Title: SR. ASSOCIATE

Phone #: 631-465-0786

Preparer's Signature: SKhan

Date Prepared: 01/31/2024