

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 Transportation
 State Agency Department ID: 17000 Agency Business Unit: DOT01
 Contractor Name: Greycell Labs, Inc. Contract Number: OCHB029
 Contract Start Date: 12/18/2023 Contract End Date: 6/17/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.08 (\$88.82/hr)	1	5000	\$444,100
	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	1	5,000	\$444,100
Grand Total	1	5,000	\$444,100

Name of person who prepared this report: Robert Lewis

Title: CMS III

Phone #: 518-457-7273



Preparer's Signature:

Date Prepared: 8/1/2023

