

EXHIBIT C

OSC Use Only: Reporting Code: Category Code: Date Contract Approved:
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FORM A

EXHIBIT C	State Consultant Services -
Contractor's Planned Employment	
From Contract Start Date Through The End Of The Contract Term	

State Agency Name: SUNY Stony Brook University	Agency Code:
Contractor Name: CSA Group NY Architects and Engineers, P.C.	Contract Number: D003934
Contract Start Date: / /	Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
17-2081.00	2	202	\$24,799
19-2041.00	4	393.5	\$72,124
17-3029.00	1	114	\$8,336
19-3091.00	3	90	\$13,500
17-2051.00	5	240	\$48,000
Total this page	15	1039.5	\$ 166,759
Grand Total			

Name of person who prepared this report: George Rupp

Title: Program Manager Environmental

Phone #: 212-677-0777

Preparer's Signature:

Date Prepared: 08 /08/ 2022

(Use additional pages, if necessary)

CONSULTANT QUESTIONNAIRE:

1. Firm Name & Address
CSA Group NY Architects
and Engineers, P.C.
55 Broadway, 14th fl.
New York, NY
 County: New York Zip 10006
2. Year Firm Established: 2001
3. Can your firm, through either in-house capability or a sub-consultant, abate asbestos as part of your professional design and construction responsibilities?
 Yes _____ No X

- 1a. Branch Office #1

 County: _____ Zip _____

- 1b. Branch Office #2

 County: _____ Zip _____

4. In the space provided, list the name(s) of firm principal(s), their discipline, licensing status, year licensed, and the number of years they have been with the firm. Place an (*) by the principal that will be in charge of this project.

Name	Discipline	Licensed	Years with Firm (yes or no and year)
<u>Jesus J. Suarez, PhD, PE</u>	<u>Engineering</u>	<u>Yes, 1999</u>	<u>21</u>
<u>Luis J. Rivera, AIA</u>	<u>Architecture</u>	<u>Yes, 2016</u>	<u>18</u>
<u>Roberto Leon, PE, PMP*</u>	<u>Engineering</u>	<u>Yes, 2015</u>	<u>21</u>
_____	_____	_____	_____

5. In the space provided, list the name(s) of individual(s) from the branch or main office that will be responsible for the design of this project. Indicate their discipline, licensing status, year licensed, and the number of years they have been with the firm or; attach similar information from Standard Form SF330, Architect-Engineer and Related Services Questionnaire for Specific Projects.


Name	Discipline	Licensed	Years with Firm (yes or no and year)
<u>Norman Hinsey, PE, LEED</u>	<u>QA/QC, Advisor</u>	<u>Yes, 1992</u>	<u>21</u>
<u>George Rupp</u>	<u>Program Mgmt. Env.</u>	<u>No</u>	<u>8</u>
<u>Doug Ehrenbeck</u>	<u>Sr. Env. Scientist</u>	<u>No</u>	<u>1</u>
<u>Derek Baker</u>	<u>Sr. Planner</u>	<u>No</u>	<u>1</u>
<u>Doug Swann</u>	<u>Air/Noise</u>	<u>No</u>	<u>2</u>

6. Attach a list of example projects completed within the last five years by the branch or main office that will be responsible for the design of the project. Indicate the project name, owner/contact and phone number, cost of construction, and completion date or; attach copies of Standard Form SF330, Architect-Engineer and Related Services Questionnaire.

Please refer to proposal project experience.

7. Other experience and/or qualifications relevant to the proposed project.
Please refer to proposal.
8. Is the firm a Certified NYS Minority or Women Owned Business? yes [no]
If no, what is the total number of staff employed ___ - ___ and of this number,
how many are minorities and/or women ___ - ____.
9. Indicate the estimated on-way mileage from the Home Office or Branch Office (whichever will provide the services)
to the campus: 89 miles.
** Project Manager, George Rupp 25 miles away.*

I certify that the foregoing are true statements.

Signature: 

Name: George Rupp

Title: Program Manager Environmental

Date: 8/10/2022