

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 Department of Transportation *DOT 02-D031441-3900283*
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Dewberry Engineers Inc. Contract Number: D031441
 Contract Start Date: 7/1/2016 Contract End Date: 6/28/2019

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
17-2051.00	4.00	1,197.00	\$404,813.00
17-2051.01	2.00	201.00	\$63,955.00
17-2081.00	1.00	15.00	\$5,320.00
17-2071.00	1.00	65.00	\$23,968.00
17-3022.00	2.00	560.00	\$83,957.00
17-3025.00	1.00	90.00	\$18,224.00
	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	11.00	2,128.00	\$600,237.00
Grand Total			

Name of person who prepared this report: Katherine Dewkett
 Title: Senior Associate/ Department Manager Phone #: 646.434.2822
 Preparer's Signature: *Katherine Dewkett*
 Date Prepared: 12/12/2016