

DOT01-C037629-3900283

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: |
| State Agency Department ID: | Contract Number: C037629 |
| Contractor Name: Dannible & McKee | Contract End Date: 01/14/2021 |
| Contract Start Date: 01/15/2018 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|------------------------|---------------------|------------------------------|-----------------------------------|
| Managing Auditor | 3.00 | 1,566.00 | \$200,000.00 |
| Senior Auditor | 3.00 | 4,570.00 | \$400,000.00 |
| Staff Auditor | 6.00 | 2,819.00 | \$200,000.00 |
| | 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 | 11.00 | 8,955.00 | \$800,000.00 |
| Grand Total | | | |

Name of person who prepared this report:

Title: *Partner / Account Manager*

Phone #:

Preparer's Signature: *Peggy Rowe*

Date Prepared: *1/18/2018*