DOT01-C037853-3/00283

ATTACHMENT 5: CONSULTANT DISCLOSURE LEGISLATION FORMS A & B

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

FORM A

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

State Agency Name: Transportation
Agency Code: DOT01
Contractor Name: **Pennoni Associates, Inc.**
Contract Number: **C037853**
Contract Start Date: **01 / 01/ 2020**
Contract End Date: **12/31/2024**

O*Net Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Inspector	**30**	**61,600**	**$4,855,000**
Total this page	0	0	$ 0.00
Grand Total	**30**	**61,600**	**$4,855,000**

Name of person who prepared this report: **John D. Klink**
Title: **Contract Administrator**
Phone #: **610-422-2369**
Preparer's Signature:
Date Prepared: **10/07/2019**
(Use additional pages, if necessary)

Page **1** of **1**