

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: New York State Department of Transportation
 State Agency Department ID: _____ Agency Business Unit: _____
 Contractor Name: Expertise Project Benefit Corp. Contract Number: C005393
 Contract Start Date: 5/15/2022* Contract End Date: 5/15/2024*

** START/END DATE SUBJECT TO NYSDOT FINAL APPROVAL*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Creative Professional	3.00	280.00	\$32,200.00
Program Professional	3.00	354.00	\$40,710.00
	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	6.00	634.00	\$72,910.00
Grand Total	6.00	634.00	\$72,910.00

Name of person who prepared this report: Michael Baron

Title: President

Phone #: 518-650-3978

Preparer's Signature: 

Date Prepared: 05/06/2020