

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: 3900281

Agency Business Unit: DOT01

Contractor Name: HRV Conformance Verification
Associates, Inc.

Contract Number: C038127

Contract Start Date: 12/01/2024

Contract End Date: 11/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
51-9061.00	20	135,780.00	\$14,276,755.99
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	20.00	135,780.00	\$14,276,755.99
Grand Total	20.00	135,780.00	\$14,276,755.99

Name of person who prepared this report: H. Rochelle Stachel

Title: President

Phone #: (412) 299.2000

Preparer's Signature: H. Rochelle Stachel

Date Prepared: 8/07/2024