AC 3271-S (Effective 4/12)

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: Department of Transportation

State Agency Department ID: 17000 Agency Business Unit: DOT01
Contractor Name: OST, Inc. Contract Number: OCHBIT13700
Contract Start Date: 2/19/2025 Contract End Date: 8/18/2027

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|-------------------------|------------------------|---------------------------------|--------------------------------------|
| 15-2051.01 (\$73.35/hr) | 1 | 5000 | \$366,750 |
| | 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 | 1. | 5,000 | \$366,750 |
| Grand Total | 1 | 5,000 | \$366.750 |

Name of person who prepared this report:Robert Lewis

Title:CMS III Phone #:518-457-7273

Preparer's Signature:

Date Prepared:1/27/2025

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(Use additional pages, if necessary)