

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: CBRE, Inc. Contract Number: C038178
 Contract Start Date: 01/01/2026 Contract End Date: 12/31/2028

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| 13-2023-00 | 1.00 | 211.00 | \$300,000.00 |
| | 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 | |
| Total this Page | 1.00 | 211.00 | \$ 0.00 |
| Grand Total | 1.00 | 211.00 | \$300,000.00 |

Name of person who prepared this report: Patricia Kappeller
 Title: Assistant Director, Office of Contract Management, NYSDOT Phone #: 518-474-6562
 Preparer's Signature: _____
 Date Prepared: 12/12/2025