

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: OCHBIT14143 |
| Contract Start Date: 8/15/2025 | Contract End Date: 2/14/2028 |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|-------------------------|---------------------|------------------------------|-----------------------------------|
| 15-1211.00 (\$66.99/hr) | 1 | 5000 | \$334,950 |
| | 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 | 1 | 5,000 | \$334,950 |
| Grand Total | 1 | 5,000 | \$334,950 |

Name of person who prepared this report: Robert Lewis
 Title: CMS III

Phone #: 518-457-7273



Preparer's Signature:
 Date Prepared: 8/04/2025

