

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: SUNY Canton	Agency Business Unit: SNY01
State Agency Department ID: 3320225	
Contractor Name: Appel Osborne Landscape Architecture	Contract Number: D860304
Contract Start Date: 11/25/2025	Contract End Date: 8/31/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Partner	1.00	163.00	\$14,262.50
Licensed Project Manager	1.00	220.00	\$13,750.00
Project Designer/CAD Technician	1.00	94.00	\$4,700.00
Clerical/Marketing	1.00	6.00	\$240.00
	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	4.00	483.00	\$32,952.50
Grand Total			\$66,432 (with multiplier and profit)

Name of person who prepared this report: Timothy Bonaparte

Title: Partner

Phone #: 315-476-1022

Preparer's Signature: 

Date Prepared: 12/10/2025

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: SUNY Canton	Agency Business Unit: SNY01
State Agency Department ID: 3320225	Contract Number: D860304
Contractor Name: Ravi Engineering	Contract End Date: 8/31/2027
Contract Start Date: 11/25/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
17-1022-Project Manager (Office)	2.00	2.00	418.08
17-1022-Survey Party Chief (Office/Travel)	1.00	9.00	\$1,374.84
17-1022-Survey Instrument Person (Office/Travel)	3.00	25.00	\$2,338.30
17-1022-Sr. Drafter / CADD (Office)	1.00	24.00	\$2,979.95
17-1022-Technical Typist (Office)	1.00	2.00	\$198.32
17-1022-Survey Party Chief (Field)	1.00	18.00	\$4,542.16
17-1022-Survey Instrument Person (Field)	3.00	38.00	\$7,881.98
	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	12.00	118.00	\$19,733.63
Grand Total			

Name of person who prepared this report: Sean J. Baldwin

Title: Survey Department Manager

Phone #: 585-697-2061

Preparer's Signature:  _____

Date Prepared: 12/8/2025

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: SUNY Canton	Agency Business Unit: SNY01
State Agency Department ID: 3320225	Contract Number: D860304
Contractor Name: M&P Engineering and Land Surveying, PLLC	Contract End Date: 8/31/2027
Contract Start Date: 11/25/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Senior Project Engineer	1.00	9.00	\$2,500.00
Field Testing Report			\$10,000.00
	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	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	0.00	0.00	\$12,500.00
Grand Total	1.00	9	\$12500

Name of person who prepared this report: Michael Olszewski

Title: Partner

Phone #: 315-447-7252

Preparer's Signature: 

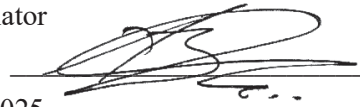
Date Prepared: 12/10/2025

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: SUNY Canton
 State Agency Department ID: 3320225 Agency Business Unit: SNY01
 Contractor Name: Toscano Clements Taylor, LLC Contract Number: D860304
 Contract Start Date: 11/25/2025 Contract End Date: 8/31/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Cost Estimators	2.00	100	\$20,000.00
	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	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	2.00	0.00	\$20,000.00
Grand Total			\$20,000.00

Name of person who prepared this report: Akshay Joshi
 Title: Senior Cost Estimator Phone #: 646.809.6183
 Preparer's Signature:  _____
 Date Prepared: 12/8/2025