

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: _____ Agency Business Unit: _____
 Contractor Name: The Gordian Group, Inc. Contract Number: C037621
 Contract Start Date: 11/01/2017 Contract End Date: 10/30/2020

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-1199.99 - Business Op. Spec. All Others	4.00	6,267.00	\$774,519.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	6,267.00	\$ 0.00
Grand Total	4.00	6,267.00	\$774,519.00

Name of person who prepared this report: Ammon T. Leshner

Title: VP and General Counsel

Phone #: (800) 874-2291

Preparer's Signature: 

Date Prepared: 11/28/2017