


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:	<i>Department of Transportation</i>		
State Agency Department ID:	<i>17008</i>	Agency Business Unit	
Contractor Name	<i>M. J. Engineering and Land Surveying, P.C.</i>	Contract Number	<i>D038022</i>
Contractor Start Date	<i>02/02/2021</i>	Contract End Date:	<i>03/31/2024</i>

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
17-1022.00 Surveyors	14.00	4,500.00	\$ 435,000.00
17-3031.0 Surveying Technician	16.00	3,600.00	\$ 315,000.00
17-2051.00 Civil Engineers	3.00	430.00	\$ 50,000.00
Total this Page	33.00	8,530.00	\$ 800,000.00
Grand Total	33.00	8,530.00	\$ 800,000.00

Name of person who prepared this report: *Michael D. Panichelli, P.E.*
 Title: *President* Phone# *518.371.0799*
 Preparer's Signature: 
 Date Prepared *01/11/21*