

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: NYSDOT	Agency Business Unit: DOT01
State Agency Department ID: 3900283	Contract Number: D038307
Contractor Name: AFRIDI ASSOCIATES	Contract End Date: 11/30/2024
Contract Start Date: 04/27/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
47-4011.00	5.00	7,142.00	\$1,322,580.00
	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	5.00	7,142.00	\$1,322,580.00
Grand Total	5.00	7,142.00	\$1,322,580.00

Name of person who prepared this report: SHEHZAD KHAN

Title: SR. ASSOCIATE

Phone #: 631-465-0786

Preparer's Signature: 

Date Prepared: 05/31/2023