

**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: CTS, Inc.	Agency Business Unit: DOT01
State Agency Department ID: 17000	Contract Number: OCHB025
Contractor Name: CTS, Inc.	Contract End Date: 6/13/2026
Contract Start Date: 12/14/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1211.00 (\$73.32/hr)	1	5000	\$366,600
	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
	0.00	0.00	\$0.00
<b>Total this Page</b>	1	5,000	\$366,600
<b>Grand Total</b>	1	5,000	\$366,600

Name of person who prepared this report: Robert Lewis

Title: CMS III

Phone #: 518-457-7273



Preparer's Signature:

Date Prepared: 8/1/2023

