



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 Upstate Medical University
 State Agency Department ID: 3320211 Agency Business Unit: SNY01
 Contractor Name: Infojini Inc. Contract Number: IFB S-1347
 Contract Start Date: / / OSC APPROVAL Contract End Date: 4/30/22

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Surgical Operating Room Tech - MIMIPed	45 0.00	4500 0.00	\$60.00/hr \$0.00
Sonographer - Ultrasound/Vascular Tech	45 0.00	4500 0.00	\$75.00/hr \$0.00
29-2055.00	3 0.00	2000 0.00	\$120,000 \$0.00
29-2032.00	1 0.00	400 0.00	\$30,000 \$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	\$ 0.00
Grand Total			\$150,000

Name of person who prepared this report: Sandeep Harjani
 Title: President Phone #: 443-257-0086
 Preparer's Signature: *Sandeep Harjani*
 Date Prepared: 03/18/2021
 (Use additional pages, if necessary) Page of

Available on-line at:
<http://www.osc.state.ny.us/agencies/forms/> use AC 3271 S for Form A
 and AC3272 S for Form B