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: Department of Health

State Agency Department ID: 3450000

Contractor Name: Panha Solutions Inc

Contract Start Date: 6/26/2023

Agency Business Unit: DOH01 Contract Number: PH68620

Contract End Date: 6/25/2025

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|-------------------------------|------------------------|---------------------------------|-----------------------------------|
| Software Developer 15-1252.00 | 1.00 | 4,160.00 | \$389,708.80 |
| Software Architect AM | 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 | 1.00 | 4,160.00 | \$389,708.80 |
| Grand Total | 1.00 | 4,160.00 | \$389,708.80 |

Name of person who prepared this report: Scott Spado

Title: ITS 4

Date Prepared: 06/08/2023

Preparer's Signature:

Phone #: 518-925-6684

(Use additional pages, if necessary)

Page 1 of 1