

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	Agency Business Unit: DOH01
State Agency Department ID: 3450000	Contract Number: PH68629
Contractor Name: Manasa Tamatam	Contract End Date: 06/26/2026
Contract Start Date: 12/26/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Database Architects 15-1243.00 Hourly Bill Rate: \$91.14	1	4687.5	\$427,218.75
	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	1.00	4,687.50	\$427,218.75
Grand Total	1.00	4,687.50	427,218.75

Name of person who prepared this report: Lei Zhu
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 Preparer's Signature: 
 Date Prepared: 12/11/2023