

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: PH68632
Contractor Name: Unique Comp Inc	Contract End Date: 1/23/26
Contract Start Date: 1/24/24	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00, Software Developers	1.00	4,160.00	\$407,264.00
	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	1.00	4,160.00	\$407,264.00
Grand Total			407,264

Name of person who prepared this report: Angela Reidy

Title: Information Technology Specialist 3

Phone #: 518-486-2163

Preparer's Signature: 

Date Prepared: 1/4/2024