

**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 Public Service	Agency Business Unit: DPS01
State Agency Department ID: 3750000	Contract Number: HBITS12732
Contractor Name: System Edge	Contract End Date: 11/22/2025
Contract Start Date: 06/20/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Contractor	1.00	5,000.00	\$300,000.00
	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>	1.00	5,000.00	\$300,000.00
<b>Grand Total</b>	1.00	5,000.00	\$300,000.00

Name of person who prepared this report: Leon D. Austin

Title: Business Development Manager

Phone #: 732.283.2647

Preparer's Signature: 

Date Prepared: 05/22/2023