


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: Office of Information Technology Services
 State Agency Department ID: 1380000 Agency Business Unit: OFT01
 Contractor Name: Anil Kuma Madha Contract Number: PH68631
 Contract Start Date: 10/16/2023 Contract End Date: 04/15/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Developer Senior:15-1252.00 Hourly Bill Rate: 69.38	1.00	5,000.00	\$346,900.00
	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	5,000.00	\$346,900.00
Grand Total	1.00	5,000.00	\$346,900.00

Name of person who prepared this report: Tom Gordon
 Title: Sr. Vice President
 Preparer's Signature: 
 Date Prepared: 1/24/2024
 Phone #: 732-777-4608