

**FORM A**

<p><b>New York State Consultant Services</b>  <b>Contractor's Planned Employment</b>                  From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: Information Technology Services	
State Agency Department ID: 1380000	Agency Business Unit: OFT01
Contractor Name: Mindlance Inc	Contract Number: PH68615
Contract Start Date: 02/22/2024	Contract End Date: 02/21/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Business Analyst 15-1211.00 Hourly Bill Rate: \$ 62.79	1.00	4,000.00	\$251,160.00
	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
	0.00	0.00	\$0.00
<b>Total this Page</b>	1.00	4,000.00	\$251,160.00
<b>Grand Total</b>			

Name of person who prepared this report:

Title: Manager, Onboarding

Phone #: 908 450 9426

Preparer's Signature: 

Date Prepared: 01/30/ 2024

(Use additional pages, if necessary)

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