AC 3271-S (Effective 4/12)

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: NYS Office of the State Comptroller

State Agency Department ID: 3050000 Agency Business Unit: OSC01
Contractor Name: Mindlance Inc Contract Number: PH68615
Contract Start Date: T/B/D Contract End Date: T/B/D

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Business Analyst Senior 15-1211.00 Hourly Bill Rate: \$62.79	1.00	5000.00	\$313,950.00
·	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	\$313,950.00
Grand Total			

Name of person who	orepared this report:			
Title:	Kaloy	Phone #:	908 450 942	26
Preparer's Signature:				
Date Prepared:02/23/	2024			
(Use additional pages, it	necessary)		Page	of