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

Financial Services

State Agency Department ID:3500000 Agency Business Unit:DFS01
Contractor Name: Software People, Inc. - Contract Number:PH68625

KELLY

Contract Start Date: 5/31/2024/ / Contract End Date: 11/30/2024

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------------|------------------------|------------------------------|--------------------------------------|
| 15-1299.09, Hourly rate \$88.58 | 1.00 | 975 | \$86,366.00 |
| | 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 | 0.00 | 0.00 | \$ 0.00 |
| Grand Total | 1 | | |

| Name of person v | vho pre _l | pared this report: Nina Doss | |
|--------------------|----------------------|------------------------------|----------------------|
| Title:HBITS Admir | nistrator | | Phone #:518-408-2761 |
| Preparer's Signatu | ure: | Nina Doss | |
| Date Prepared: | 3/5 | 2024/ | |