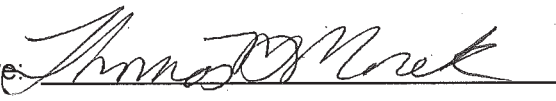


FORM A

**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 Health	Agency Business Unit: DOH01
State Agency Department ID: 3450000	Contract Number: 23158
Contractor Name: Mindlance	Contract End Date: 9/30/2026
Contract Start Date: 4/1/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00, Software Developer Hourly Bill Rate: \$95.63	1.00	4,920.00	\$470,499.60
	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	4,920.00	\$470,499.60
Grand Total	1.00	4,920.00	\$470,499.60

Name of person who prepared this report: Thomas Morck
 Title: ITS4
 Preparer's Signature: 
 Date Prepared: 3/20/2024
 Phone #: 518-402-7174