

**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 Labor	Agency Business Unit: DOL01
State Agency Department ID: 3550000	Contract Number: PH68615
Contractor Name: Mindlance Inc	Contract End Date: 04/27/2025
Contract Start Date: 06/15/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Senior Programmer 15-1252.00 Hourly Bill Rate: \$66.93	1.00	4,000.00	\$267,720.00
	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	\$267,720.00
<b>Grand Total</b>			

Name of person who prepared this report: Khushboo Palod

Title: Manager, Onboarding

Phone #: 908 450 9426

Preparer's Signature: 

Date Prepared: 10/17/20

(Use additional pages, if necessary)

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