


FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: Department of Labor State Agency Department ID: 3550000 Contractor Name: Mindlance Contract Start Date: 01/02/2024	Agency Business Unit: DOL01 Contract Number: PH68915 Contract End Date: 07/2/2026
--	---

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Senior Programmer 15-1251.00 Hourly Bill Rate \$66.93	1.00	5,000.00	\$334,650.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	5,000.00	\$334,650.00
Grand Total			

Name of person who prepared this report: Khushboo Palod
 Title: On-boarding Manager Phone #: 908 450 9426
 Preparer's Signature:  _____
 Date Prepared: 01/16/2024