## 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: Public Servicde
State Agency Department ID: 37500
Contractor Name: GREYCELL LABS INC

Contract Start Date: 4//18/2024

Agency Business Unit: DPS01 Contract Number: PH68912 Contract EndDate:10/18/2026

| Employment Category | Number of<br>Employees | Number of Hours to be Worked | Amount Payable<br>Under the Contract |
|---------------------|------------------------|------------------------------|--------------------------------------|
| IT Specialist       | 1.00                   | 4,800.00                     | \$404,256.00                         |
|                     | 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                   | 4,800.00                     | \$404,256.00                         |
| Grand Total         | 1.00                   | 4,800.00                     | \$404,256.00                         |

| name of person who p  | repared this report: Dharmesh Vachhani |                     |
|-----------------------|--|---------------------|
| Title: Director       | to a Col Pari                          | Phone #: 7324448595 |
| Preparer's Signature: | Tharmesh Vachhani                      |                     |

Date Prepared: 03/21/2024

(Use additional pages, if necessary)