## **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: Office of Information Technology Services

State Agency Department ID: 1380000 Agency Business Unit: OFT01 - Contract

Contractor Name: MVP Consulting Plus Inc

Number: PH68617 MB WB SB

Contract Start Date: 03/01/2024

Contract End Date: 08/31/2026

| Employment Category                                    | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|--|------------------------|---------------------------------|--------------------------------------|
| Project Manager 15-1299.09<br>Hourly bill rate \$91.22 | 1.00                   | 5,000.00                        | \$456,100.00                         |
|  | 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                        | \$456,100.00                         |
| Grand Total  | 1.00                   | 5,000.00                        | \$456,100.00                         |

| Name of person who p    | repared this report: Nancy A. Gordon |                       |
|-------------------------|--------------------------------------|-----------------------|
| Title: Contract Manager |                                      | Phone #: 518-218-1700 |
| Preparer's Signature:   | Spright Hordon                       | _                     |
| Date Prepared: 12/21/2  | 023                                  |                       |