

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 Mental Health	Agency Business Unit: OMH01
State Agency Department ID: 3650000	Contract Number: PH68624
Contractor Name: Sligo Software Solutions Inc.	Contract End Date: 05/26/2026
Contract Start Date: 11/27/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Systems Developer 15-1299.08 Hourly Bill Rate: \$76.96	1.00	5200.00	\$400,192.00
	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	5,200.00	\$400,192.00
Grand Total	1.00	5,200	\$400,192.00

Name of person who prepared this report: Jeffrey Petersen

Title: Contract Management Specialist

Phone #: 518-549-1525

Preparer's Signature: _____

Date Prepared: 11/14/2023