

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 the State Comptroller

State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: AMMALUIT CORP	Contract Number: C001171
Contract Start Date: 10/23/2023	Contract End Date: 04/23/2026

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
IT - ETL Developer / Architect	1	5000	\$490,000.00
Total this page	0	0	\$ 0.00
Grand Total	1	5000	\$490,000.00

Name of person who prepared this report:

Title: **PRESIDENT**
 Preparer's Signature: *SW [Signature]*
 Date Prepared: *09/05/2023*

Phone #: *646-574-6640*

(Use additional pages, if necessary)

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