

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 Cannabis Management
 State Agency Department ID: 1020300 Agency Business Unit: ABC01
 Contractor Name: Sligo Software Solutions Inc Contract Number: PH68624
 Contract Start Date: 06/17/2024 Contract End Date: 12/16/2025

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| 15-1253.00 | 1.00 | 3,080.00 | \$183,927.60 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
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| | 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 | 3,080.00 | \$183,927.60 |
| Grand Total | | | |

Name of person who prepared this report: Jennifer Dorrance

Title: Administrative Specialist

Phone #: 5184865995

Preparer's Signature: Jennifer Dorrance

Date Prepared: 05/30/2024