

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 | Contract Number: |
| Contract Start Date: 03/03/2025 | Contract End Date: 11/3/2026 |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------|---------------------|------------------------------|-----------------------------------|
| 15-1232 | 1.00 | 3,200.00 | \$235,456.00 |
| | 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 |
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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 |
| Total this Page | 1.00 | 3,200.00 | \$235,456.00 |
| Grand Total | 1.00 | 3,200.00 | 235456.00 |

Name of person who prepared this report: Jennifer Dorrance

Title: Administrative Specialist

Phone #: 518-486-5995

Preparer's Signature: Jennifer Dorrance

Date Prepared: 03/03/25