

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 Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Mindlance Inc Contract Number: PH68615
 Contract Start Date: 08/05/2024 Contract End Date: 08/4/2026

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| [Programmer & 15-1251.00] Hourly Bill Rate: \$66.93 | 1.00 | 4,160.00 | \$278,428.8 |
| | 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 |
| | 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 | 4,160.00 | \$278,428.80 |
| Grand Total | | | |

Name of person who prepared this report: Khushboo Palod

Title: Manager, OB

Phone #: 908-450-9426

Preparer's Signature: 

Date Prepared: 07/24/2024