

**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
	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	4,160.00	\$278,428.80
<b>Grand Total</b>			

Name of person who prepared this report: Khushboo Palod

Title: Manager, OB

Phone #: 908-450-9426

Preparer's Signature: 

Date Prepared: 07/24/2024