AC 3271-S (Effective 4/12)

**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: OCFS

State Agency Department ID: 3400000 | Agency Business Unit: CFS01
Contractor Name: System Edge (USA) LLC | Contract Number: PH68628
Contract Start Date: 12/16/24 | Contract End Date: 6/15/26

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---|---|---|
| System Developer 15-1252.00 Hourly Bill Rate $87.35 | 1.00 | 3,000.00 | $ 262,050.00 |
| | 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 | 3,000.00 | $262,050.00 |
| **Grand Total** | 1.00 | 3,000.00 | $262,050.00 |

Name of person who prepared this report: Janice Blair
Title: Manager | Phone #: 518-402-0147
Preparer's Signature: Janice Blair
Date Prepared: 11/22/2024

(Use additional pages, if necessary)