

**FORM A**

<p><b>New York State Consultant Services Contractor's Planned Employment</b></p> <p><b>From Contract Start Date Through the End of the Contract Term</b></p>
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State Agency Name: Department of Financial Services			
State Agency Department ID:	3500000	Agency Business Unit:	DFS01
Contractor Name:	Misicom	Contract Number:	PH69405
Contract Start Date:	4/23 /2024	Contract End Date:	10/22/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00 Hourly rate \$74.93	1	4875.00	365,284.00
	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	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	<b>1</b>	<b>4875</b>	<b>365,284.00</b>

Name of person who prepared this report: Nina Doss

Title: HBITS Administrator

Phone #: 518-408-2761

Preparer's Signature: \_\_\_\_\_ Nina Doss \_\_\_\_\_

Date Prepared: 4/16/24

(Use additional pages, if necessary)

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