

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment</p> <p>From Contract Start Date Through the End of the Contract Term</p>
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State Agency Name: NYS Department of Financial Services	
State Agency Department ID:3500000	Agency Business Unit:DFS01
Contractor Name: Trigyn Technologies	Contract Number: PH68631
Contract Start Date: 6/20/2024	Contract End Date: 12/19/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00 \$71.46 hourly rate	1.00	4875.	\$348,367.50
	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
Grand Total	1	4875.	\$348,367.50

Name of person who prepared this report: Nina Doss

Title: HBITS Administrator

Phone #:518-408-2761

Preparer's Signature: _____Nina Doss_____

Date Prepared: 6/18/2024