

**FORM A**

<b>New York State Consultant Services</b> <b>Contractor's Planned Employment</b> From Contract Start Date Through the End of the Contract Term
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State Agency Name: Department of Financial Services	
State Agency Department ID:3500000	Agency Business Unit: DFS01
Contractor Name: OST, Inc.	Contract Number: PH68619
Contract Start Date: 9/30/2024	Contract End Date: 3/29/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00 Hourly rate \$81.08	1.00	4688	\$380,103.00
	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
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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
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	1	4688	\$380,103.00

Name of person who prepared this report: Nina Doss

Title:HBITS Administrator

Phone #:518-408-2761

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

Date Prepared: 9/23/24