

FORM A

New York State Consultant Services Contractor's Planned Employment 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 Contractor Name: Mindlance, Inc. Contract Start Date: 3/13/25	Agency Business Unit: DFS01 Contract Number: PH68615 Contract End Date: 9/12/27
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Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09 Hourly rate \$79.21	1.00	4,875	386,148.75
	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
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	1.00	4,875	386,148.75

Name of person who prepared this report: Nina Doss

Title: HBITS Administrator

Phone #: 518-408-2761

Preparer's Signature: _____ *Nina Doss* _____

Date Prepared: 2/26/25