

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: Department of Health

State Agency Department ID: 3450000

Contractor Name: Rajya Lakshmi Nalabotu

Contract Start Date: 4/25/2024

Agency Business Unit: DH01

Contract Number: PH68629

Contract End Date: 10/25/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Database Architect 15-1243.00 Hourly Bill Rate: \$91.14	1.00	4,687.50	\$427,218.75
	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
Total this Page	1.00	4,687.50	\$427,218.75
Grand Total	1.00	4,687.50	\$427,218.75

Name of person who prepared this report: Sethuraman Thevar

Title: Information Technology Specialist 4

Phone #: 518-486-9618

Preparer's Signature: _____

Date Prepared: 4/8/2024