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: NYS Department of Health

State Agency Department ID: 3450000 Agency Business Unit: DOH01
Contractor Name: Trigyn Technologies, Inc.
Contract Start Date: 02/27/2025 Contract End Date: 02/26/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	4,000.00	\$335,960.00
	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	1.00	4,000.00	\$335,960.00
Grand Total	1.00	4,000.00	\$335,960.00

Name of person who prepared this report: James Reidy

Title: Manager of IT Services

Date Prepared: 02/12/2025

Preparer's Signature:

Phone #: 518-474-8744