

AC 3271-S (Effective 4/12)

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	Agency Business Unit: BEI
State Agency Department ID: 3450261	Contract Number: PH68624
Contractor Name: Sligo Software Solutions Inc	Contract End Date: 09/30/2027
Contract Start Date: 04/01/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Database Administrators 15-1242.00 Hourly Bill Rate: \$81.33	1.00	4,920.00	\$400,143.60
	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	1.00	4,920.00	\$400,143.60
Grand Total	1.00	4,920.00	\$400,143.60

Name of person who prepared this report: Craig Williams

Title: Information Technology Specialist - 4

Phone #: 518-457-8524

Preparer's Signature: Craig Williams

Date Prepared: 03/13/2025

(Use additional pages, if necessary)

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