

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		Agency Business Unit: NYSoH
State Agency Department ID: 3450000		Contract Number: PH68606
Contractor Name: Computer Technology Services, Inc		Contract End Date: 8/25/2027
Contract Start Date: 2/26/2025		

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-1082.00	1.00	5,000.00	\$440,200.00
	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	5,000.00	\$440,200.00
Grand Total	1.00	5,000.00	\$440,200.00

Name of person who prepared this report: Colleen M. Williams

Title: Medicaid Program Manager

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Preparer's Signature: Colleen M. Williams

Date Prepared: 2/14/2025