

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: Office of Information Technology Services	
State Agency Department ID: 1380000	Agency Business Unit: OFT01
Contractor Name: Mindlance Inc	Contract Number: PH68615
Contract Start Date: 05/02/2024	Contract End Date: 05/1/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
[Project Manager & 13-1082.00] Hourly Bill Rate: \$83.21	1.00	4,000.00	\$332,840.00
	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	\$0.00
Total this Page	1.00	4,000.00	\$332,840.00
Grand Total	1.00	4,000.00	\$332,840.00

Name of person who prepared this report:

Title: Phone #:
Preparer’s Signature: 
Date Prepared: / /

(Use additional pages, if necessary)

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