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: NYS ITS
State Agency Department ID: 1380000
Agency Business Unit: OFT01
Contractor Name: Unique Comp Inc
Contract Number: HBITS-05-13329
Contract Start Date: 06 / 16 / 2024
Contract End Date: 12 / 15 / 2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Project Manager- Expert	1	5,000	475,000
	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	0.00	0.00	$ 0.00
Grand Total	1	5,000	475,000

Name of person who prepared this report: Gautam Tooley
Title: Sr. Vice President
Phone #: (718) 392-5100
Preparer's Signature: _____
Date Prepared: 05 / 01 / 2024

(Use additional pages, if necessary)