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: Computer Technology Services,

Inc

Contract Fnd Pate: 06/4/2027

Contract Start Date: 12/2/2024 Contract End Date: 06/1/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09 Project Manager Bill Rate: \$88.04	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
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: Robert Kelsey

Title: Manager Phone #: 518-869-3736

Preparer's Signature: Robert Kelsey

Date Prepared: 09/25/2024