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: Trigyn Technologies, Inc
Contract Start Date: 11/20/24 Contract End Date: 5/19/27

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Architect HBITS-06-13567 Bill rate: \$99.49/hr	1.00	5,000.00	\$497,450.00
	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	\$497,450.00
Grand Total	1.00	5,000.00	\$497,450.00

Name of person who prepared this report: Tom Gordon

Title: Sr. Vice President

Preparer's Signature:

Date Prepared: 9/26/24

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