

AC 3271-S (Effective 4/12)

**FORM A**

|  |
|--|
| <b>New York State Consultant Services</b><br><b>Contractor's Planned Employment</b><br>From Contract Start Date Through the End of the Contract Term |
|--|

|  |                                   |
|--|-----------------------------------|
| State Agency Name: NYS Office of Information Technology Services |                                   |
| State Agency Department ID: 1380000                              | Agency Business Unit: OFT01       |
| Contractor Name: MVP Consulting Plus, Inc.                       | Contract Number: PH68617 MB WB SB |
| Contract Start Date: 03/06/2025                                  | Contract End Date: 09/5/2027      |

| Employment Category   | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| Software Architect/Exp 15-1299-08<br>Hourly bill rate \$93.86 | 1.00                | 5,000.00                     | \$469,300.00                      |
|   | 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                | 5,000.00                     | \$469,300.00                      |
| <b>Grand Total</b>  | 1.00                | 5,000.00                     | \$469,300.00                      |

Name of person who prepared this report: Nancy Gordon

Title: Contract Manager

Phone #: 518-218-1700

Preparer's Signature: Nancy A. Gordon

Date Prepared: 02/24/2025

(Use additional pages, if necessary)

Page 1 of 1