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 Mental Health

(Use additional pages, if necessary)

State Agency Department ID: 3650000 Agency Business Unit: OMH01 Contractor Name: Sligo Software Solutions Inc. Contract Number: PH68624

Contract Start Date: 03/06/2025 Contract End Date: 05/5/2025

| Employment Category                                        | Number of<br>Employees | Number of Hours<br>to be Worked | Amount Payable<br>Under the Contract |
|------------------------------------------------------------|------------------------|---------------------------------|--------------------------------------|
| Software Architectt 15-1252.00<br>Hourly Bill Rate \$93.41 | 1.00                   | 346.66                          | \$32,382.13                          |
|                                                            | 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                   | 0.00                            | \$32,382.13                          |
| Grand Total                                                | 1.00                   | 346.66                          | \$32,382.13                          |

| Name of person who prepared this report: Pradeep Inampudi |                       |
|-----------------------------------------------------------|-----------------------|
| Title: Contract Management Specialist 1                   | Phone #: 518-549-5206 |
| Preparer's Signature:                                     |                       |
| Date Prepared: 02/21/2025                                 |                       |
|                                                           |                       |

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