

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
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State Agency Name: Office of Mental Health	Agency Business Unit: OMH01
State Agency Department ID: 3650000	Contract Number: PH68629
Contractor Name: Aneesha Kummetha	Contract End Date: 10/4/2026
Contract Start Date: 04/05/2024	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1232.00 Hourly Bill Rate: \$85.83	1.00	5,200.00	\$446,316.00
	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	5,200.00	\$446,316.00
Grand Total	1.00	5,200.00	\$446,316.00

Name of person who prepared this report: Jeffrey Petersen

Title: Contract Management Specialist 2

Phone #: 518-549-1525

Preparer's Signature: Jeffrey Petersen

Date Prepared: 04/01/2024

(Use additional pages, if necessary)

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