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: New York State Office of Mental Health		
State Agency Department ID: 3650000	Agency Business Unit: OMH01	
Contractor Name: OST Inc	Contract Number: PH68619	
Contract Start Date: 06/20/2024	Contract End Date: 12/19/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer User Support Specialist 15- 1232.00 Senior Hourly Pay Rate: \$70.82	1.00	5,200.00	\$368,264.00
	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	\$368,264.00
Grand Total	1.00	5,200.00	\$368,264.00

Name of person who prepared this report: John Toth

Title: Contract Management Specialist Trainee 1

Preparer's Signature: ______Ohn Toth

Date Prepared: 6/03/2024

Phone #: 518-549-1459

(Use additional pages, if necessary)

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