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: New York State Office of Mental Health

State Agency Department ID: 3650000 Agency Business Unit: OMH01
Contractor Name: Mindlance Inc Contract Number: PH68615
Contract Start Date: 9/05/2024 Contract End Date: 3/4/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer User Support Specialists 15-			
1232.00	1.00	5,200.00	\$348,036.00
Senior Hourly Bill Rate: \$66.93			40.00
	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	\$348,036.00
Grand Total	1.00	5,200.00	\$348,036.00

Name of person who prepare	ed this report: John Toth	
Title: Contract Management Sp	pecialist Trainee 1	Phone #: 518-549-1459
Preparer's Signature:	John Toth	
Date Prepared: 7/30/2024		