

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	Agency Business Unit: OMH01
State Agency Department ID: 3650000	Contract Number: PH68615
Contractor Name: Mindlance Inc	Contract End Date: 09/02/2027
Contract Start Date: 03/03/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1232.00 Hourly Bill Rate \$79.21	1.00	5,200.00	\$411,892.00
	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	5,200.00	\$411,892.00
Grand Total	1.00	5,200.00	\$411,892.00

Name of person who prepared this report: Pradeep Inampudi

Title: Contract Management Specialist 1

Phone #: 518-549-5206

Preparer's Signature: Pradeep Inampudi

Date Prepared: 02/18/2025

(Use additional pages, if necessary)

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