

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: OCFS Agency Name = OCFS
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Trigyn Technologies, Inc. Contract Number: PH68631
 Contract Start Date: 08/21/2025 Contract End Date: 08/20/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00 Software Developers; Hourly Bill Rate \$ 86.51	1.00	4,000.00	\$ 346,040.00
	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	4,000.00	\$324,760.00
Grand Total	1.00	4,000.00	\$324,760.00

Name of person who prepared this report: Helene Trechel

Title: ITS Supervisor

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Preparer's Signature:

Helene B. Trechel

Date Prepared: 07/18/2025