

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: 11/28/2025 Contract End Date: 11/27/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
System Developer Expert- 15-1252.00 Hourly Bill Rate: \$86.51	1.00	4000	\$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
	0.00	0.00	\$0.00
Total this Page	1.00	1167	\$346,040.00
Grand Total	1.00	1167	\$346,040.00

Name of person who prepared this report: Asha Patel

Title: Manager

Phone #: 518.473.0501

Preparer's Signature:

Asha Patel

Date Prepared: 09/29/2025