

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 Children and Family Services
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: Trigyn Technologies, Inc. Contract Number: PH68631
 Contract Start Date: 11/15/2025 Contract End Date: 11/14/2027

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|------------------------------------------------------------------------------|---------------------|------------------------------|-----------------------------------|
| Computer User Support Specialist 15-1232-00 Hourly Bill Rate: \$ 68.27 | 1.00 | 4,000.00 | \$273,080.00 |
| | 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 | 4,000.00 | \$273,080.00 |
| Grand Total | 1.00 | 4,000.00 | \$273,080.00 |

Name of person who prepared this report: Shawntell E. Mills-Sanchez
 Title: Business Analyst 2 Phone #: 518-474-5569

Preparer's Signature: *Shawntell Mills-Sanchez*

_____ Date Prepared:
 10/22/2025

(Use additional pages, if necessary)