

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
 State Agency Department ID: 3400000 Agency Business Unit: CFS01
 Contractor Name: **Sligo Software Solutions Inc.,** Contract Number: **PH68624**
 Contract Start Date: 1/5/2026 Contract End Date: 1/4/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	4,000	324,360
	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	324,360
Grand Total	1.00	4,000	324,360

Name of person who prepared this report: Brittany Orologio

Title: MITS 2

Phone #: 518.948.0694

Preparer's Signature:

Brittany Anne Orologio

Date Prepared: 12/9/2025