

OSC Use Only:
Reporting Code: _____
Category Code: _____
Date Contract Approved: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATE CONSULTANT SERVICES - CONTRACTOR'S PLANNED EMPLOYMENT
FROM CONTRACT START DATE THROUGH THE END OF THE CONTRACT TERM

FORM A

State Agency Name: <u>NYS Office of Children and Family Services</u>	Agency Code: <u>3400000</u>
Contractor Name: <u>Sligo Software Solutions Inc</u>	Contract Number: <u>PH68624</u>
Contract Start Date: <u>02/19/2026</u>	Contract End Date: <u>02/18/2028</u>

Employment Category http://www.onetcodeconnector.org/	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1251	1	3,984	\$250,713.12
Total this page	1	3,984	\$ 250,713.12
Grand Total	1	3,984	\$ 250,713.12

Name of person who prepared this report: Nicole Newcomb

Title: Assistant Director BLDSFS **Phone #:** 518-486-9497

Preparer's Signature: *Nicole Newcomb*

Date Prepared: 01/26/2026

(Use additional pages, if necessary)