

AC 3271-S (Effective 4/12)

**FORM A**

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|---|
| <p><b>New York State Consultant Services</b><br/> <b>Contractor's Planned Employment</b><br/>         From Contract Start Date Through the End of the Contract Term</p> |
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|--|--|
| State Agency Name: Department of Financial Services<br>State Agency Department ID:3500000<br>Contractor Name: Infojini Inc.<br>Contract Start Date: May 5 <sup>th</sup> 2025 | Agency Business Unit: DFS01<br>Contract Number: PS69636<br>Contract End Date: May 4 <sup>th</sup> 2027 |
|--|--|

| Employment Category       | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---------------------------|---------------------|------------------------------|-----------------------------------|
| Hourly rate \$65/ 43-9111 | 1                   | 3915                         | \$254,475                         |
|                           | 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           | 0.00                | 0.00                         | \$ 0.00                           |
| <b>Grand Total</b>        | 1                   | 3915                         | \$254,475                         |

Name of person who prepared this report:

Title: Monali Doshi

Regional Head- SLED

Phone #: 732-279-4443

Preparer's Signature: Monali Doshi

Date Prepared: April 21<sup>st</sup>, 2025