

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: NYS Department of Health		Agency Business Unit: DOH01
State Agency Department ID: 3450000	Contract Number: PH68619	
Contractor Name: OST, Inc.	Contract End Date: 04/23/2027	
Contract Start Date: 04/24/2025		

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1251.00 Billing Rate: \$65.14/HR	1.00	4,000.00	\$260,560.00
	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	\$260,560.00
Grand Total	1.00	4,000.00	\$260,560.00

Name of person who prepared this report: James Reidy

Title: Manager of IT Services I

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Preparer's Signature: 

Date Prepared: 04/15/2025