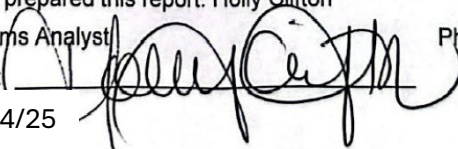


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: **DOH**
 State Agency Department ID: **3450000** Agency Business Unit: **50420**
 Contractor Name: **Vijai Singh** Contract Number: **PH68912**
 Contract Start Date: **09/03/2025** Contract End Date: **03/02/2028**

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1299.09	1.00	5,200.00	\$451,100.00
	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	5,200.00	\$451,100.00
Grand Total	1.00	5,200.00	\$451,100.00

Name of person who prepared this report: Holly Clifton
 Title: Business Systems Analyst Phone #: 518-408-0253
 Preparer's Signature: 
 Date Prepared 8/14/25