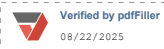


FORM A

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

State Agency Name: Department of Health
 State Agency Department ID: 3450000 Agency Business Unit: DOH01
 Contractor Name: Sligo Software Solutions Inc Contract Number: PH68624
 Contract Start Date: 9/22/2025 Contract End Date: 9/21/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1253.00, Software Quality Assurance Analysts and Testers	1.00	4,160.00	261,788.80
	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	4,160.00	\$261,788.80
Grand Total	1.00	4,160.00	\$261,788.80



Name of person who prepared this report: Tammy Iacobucci
 Title: QMC Manager
 Preparer's Signature:
 Date Prepared: 08 22/2025
 Phone #: 518-817-5015