


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	Agency Business Unit: 50420
State Agency Department ID: 3450000	Contract Number: PH68615
Contractor Name: MIndlance Inc	Contract End Date: 08/8/2028
Contract Start Date: 02/09/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist15-1253.00 Hourly Bill Rate: \$81.03	1.00	5,200.00	\$421,356.00
	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	\$421,356.00
Grand Total	1.00	5,200.00	\$421,356.00

Name of person who prepared this report: Khushboo Palod
 Title: Sr. Delivery Manager Onboarding Phone #: 908 450 9426
 Preparer's Signature: 
 Date Prepared: 01/19/2026