


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: NYS Department of Health	Agency Business Unit: NYSoH
State Agency Department ID: DOH01	Contract Number: PH68911
Contractor Name: Avenues International Inc.	Contract End Date: 9/1/2028
Contract Start Date: 3/2/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<b>Systems Architect (Expert)</b>	1.00	5,000.00	\$454,250.00
15-1299.08 - \$90.85 Hourly Bill Rate	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
<b>Total this Page</b>	1.00	5,000.00	\$454,250.00
<b>Grand Total</b>	1.00	5,000.00	\$454,250.00

Name of person who prepared this report: Anupam Gupta  
 Title: Director Phone #: 609-945-1160  
 Preparer's Signature:   
 Date Prepared: 3/12/2026