OSC Use Only:
Reporting Code:
Category Code:
Date Contract Approved:

FORM A

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 Code: 12000
Contractor Name: **New York State Technology Enterprise Corporation**
Contract Number: **PN691BN**
Contract Start Date: **03/17 /2025**
Contract End Date: **03/ 16/2028**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
11-3021.00 Computer & Information System Managers	**73**	**327,668**	**$59,972,208.92**
Total this page	**73**	**327,668**	**$59,972,208.92**
Grand Total	**73**	**327,668**	**$59,972,208.92**

Name of person who prepared this report: **Chip Barnes,**

Title: **Managing Director of Service Delivery~**
Phone #: **(518) 488-8018**

Preparer's Signature: Chip Barnes

Date Prepared: **6/12/2025**

(Use additional pages, if necessary)