

**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 Labor	Agency Business Unit: DOL01
State Agency Department ID: 3550000	Contract Number: PH68615
Contractor Name: Mindlance Inc	Contract End Date: 01/5/2028
Contract Start Date: 07/07/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Sr Programmer-15-1251.00-Hourly Bill Rate \$66.93	1.00	5,000.00	\$334,650.00
	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
<b>Total this Page</b>	1.00	5,000.00	\$334,650.00
<b>Grand Total</b>			

Name of person who prepared this report:

Title:

Phone #: 201-210-8102

Preparer's Signature: 

Date Prepared: 07/30/2025