

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: PH68631
Contractor Name: Trigyn Technologies	Contract End Date: 08/9/2028
Contract Start Date: 02/09/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Expert Software Developer 15-1252.00Hourly Bill Rate: \$83.99	1.00	5,000.00	\$419,950.00
	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	5,000.00	\$419,950.00
Grand Total	1.00	5,000.00	\$419,950.00

Name of person who prepared this report: Tom Gordon

Title: Sr. Vice President

Phone #: 732-777-4608

Preparer's Signature: _____

Date Prepared: 2/5/2026