AC 3271-S (Effective 4/12)

**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: Office of Information Technology
State Agency Department ID: 1380000 Agency Business Unit: OFT01
Contractor Name: Sligo Software Solutions Inc Contract Number: PH68624
Contract Start Date: 07/17/2025 Contract End Date: 01/16/2028

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|---|---|---|---|
| Programmer- 15-1252.00<br>Hourly Bill Rate : $ 78.78 | 1.00 | 5,000.00 | $393,900.00 |
| | 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 | $393,900.00 |
| **Grand Total** | 1.00 | 5,000.00 | $393,900.00 |

Name of person who prepared this report: Deepika Narahari
Title: HR- Manager Phone #: 518-800-4098
Preparer's Signature: _____
Date Prepared: 07/09/2025

(Use additional pages, if necessary)