

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 Services
 State Agency Department ID: 1380000 Agency Business Unit: OFT01
 Contractor Name: Trigyn Technologies, Inc. Contract Number: PH68631
 Contract Start Date: 09/04/2025 Contract End Date: 03/3/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Project Manager Expert HBITS-06-14126 Hourly Bill Rate: \$88.10	1.00	3,000.00	\$264,300.00
	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
	0.00	0.00	\$0.00
Total this Page	1.00	3,000.00	\$264,300.00
Grand Total	1.00	3,000.00	\$264,300.00

Name of person who prepared this report: Tom Gordon

Title: Sr Vice President

Phone #: 732-777-4608

Preparer's Signature: _____

Date Prepared: 07/24/2025