


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: NYS Information Technology Services
 State Agency Department ID: 1380000 Agency Business Unit: OFT01
 Contractor Name: System Edge (USA) LLC Contract Number: PH68628
 Contract Start Date: 03/19/2026 Contract End Date: 09/18/2028

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| Software Architect/Expert 15-1252.00 HBITS 07-14487 | 1.00 | 5,000.00 | \$434,950.00 |
| Hourly Bill Rate: \$86.99 | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
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| | 0.00 | 0.00 | \$0.00 |
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| | 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 | \$434,950.00 |
| Grand Total | 1.00 | 5,000.00 | \$434,950.00 |

Name of person who prepared this report: Leon D. Austin
 Title: Business Development Manager Phone #: 732-283-2647
 Preparer's Signature: 
 Date Prepared: 01/29/2026