

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

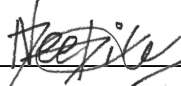
State Agency Name: Office of Information Technology Services
 State Agency Department ID: 1380000 Agency Business Unit: OFT01
 Contractor Name: Sligo Software Solutions Inc Contract Number: PH68624
 Contract Start Date: 04/10/2026 Contract End Date: 10/9/2028

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| Software Developer Senior:15-1252.00 Hourly Bill Rate: \$ 72.20 | 1.00 | 5,000.00 | \$361,000.00 |
| | 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 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 1.00 | 5,000.00 | \$361,000.00 |
| Grand Total | 1.00 | 5000.00 | \$361,000.00 |

Name of person who prepared this report: Deepika Narahari

Title: HR- Manager

Phone #: 518-800-4098

Preparer's Signature: 

Date Prepared: 03/23/2026