

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 Office of Mental Health	
State Agency Department ID: 3650000	Agency Business Unit: OMH01
Contractor Name: OST Inc	Contract Number: PH68619
Contract Start Date: 4/10/2025	Contract End Date: 10/9/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Computer Systems Engineer 15-1299.08 Hourly Billrate \$75.41	1.00	5,200.00	\$392,132.00
	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	5,200.00	\$392,132.00
Grand Total	1.00	5,200.00	\$392,132.00

Name of person who prepared this report: Brendan Halayko
 Title: Administrative Specialist 1
 Preparer's Signature: *Brendan Halayko*
 Date Prepared: 3/30/2025
 Phone #: 518-549-0643