

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: Office of Mental Health	
State Agency Department ID: 3650000	Agency Business Unit: OMH01
Contractor Name: Sligo Software Solutions Inc	Contract Number: PH68624
Contract Start Date: 06/24/2025	Contract End Date: 12/23/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1211.00 Hourly Bill Rate \$73.58	1.00	5,200.00	\$382,616.00
	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	\$382,616.00
Grand Total	1.00	5,200.00	\$382,616.00

Name of person who prepared this report: Pradeep Inampudi
 Title: Contract Management Specialist Phone #: 518-549-5206
 Preparer's Signature: Pradeep Inampudi
 Date Prepared: 05/16/2025