

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 Mental Health	
State Agency Department ID: 3650000	Agency Business Unit: OMH01
Contractor Name: OST Inc	Contract Number: PH68619
Contract Start Date: 08/18/2025	Contract End Date: 02/17/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
IT Specialist 15-1231.00 Hourly Bill Rate \$66.99	1.00	5,200.00	\$348,348.00
	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	\$348,348.00
Grand Total	1.00	5,200.00	\$348,348.00

Name of person who prepared this report: Pradeep Inampudi
 Title: Contract Management Specialist
 Preparer's Signature: Pradeep Inampudi Phone #: 518-549-5206
 Date Prepared: 07/15/2025