

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	Agency Business Unit: OMH01
State Agency Department ID: 3650000	Contract Number: PH68628
Contractor Name: System Edge (USA) LLC	Contract End Date: 07/18/2028
Contract Start Date: 01/19/2026	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Web Designer 15-1231.00 Hourly Bill Rate \$66.97	1.00	5,200.00	\$348,244.00
	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	\$348,244.00
Grand Total	1.00	5,200.00	\$348,244.00

Name of person who prepared this report: Pradeep Inampudi

Title: Contract Management Specialist

Phone #: 518-549-5206

Preparer's Signature: Pradeep Inampudi

Date Prepared: 01/12/2026