

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: Sligo Software Solutions Inc Contract Number: PH68624
 Contract Start Date: 01/21/2026 Contract End Date: 07/20/2028

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|----------------------------------------------------------|---------------------|------------------------------|-----------------------------------|
| Systems Developer 15-1231.00 Hourly Bill Rate \$81.09 | 1.00 | 5,200.00 | \$421,668.00 |
| | 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 |
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| | 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 | \$421,668.00 |
| Grand Total | 1.00 | 5,200.00 | \$421,668.00 |

Name of person who prepared this report: Pradeep Inampudi

Title: Contract Management Specialist

Phone #: 518-549-5206

Preparer's Signature: Pradeep Inampudi

Date Prepared: 01/06/2026