

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: 01/20/2026	Contract End Date: 07/19/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Systems Analyst 15-1231.00 Hourly Bill Rate \$70.41	1.00	5,200.00	\$366,132.00
	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	\$366,132.00
Grand Total	1.00	5,200.00	\$366,132.00

Name of person who prepared this report: Pradeep Inampudi
 Title: Contract Management Specialist
 Preparer's Signature: Pradeep Inampudi Phone #: 518-549-5206
 Date Prepared: 01/12/2026