

**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: OPWDD	Agency Business Unit: OPD01
State Agency Department ID: 3660233	Contract Number: PH68615
Contractor Name: Mindlance Inc.	Contract End Date: 11/11/2027
Contract Start Date: 05/12/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Developer 15-1252.00	1.00	5,000.00	\$478,150.00
Hourly Bill Rate: \$95.63	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
<b>Total this Page</b>	1.00	5,000.00	\$478,150.00
<b>Grand Total</b>	1.00	5,000.00	\$478,150.00

Name of person who prepared this report: Colleen Glynn entering information from Linda Becker, NYS ITS

Title: Contract Management Specialist 2

Phone #: 518-474-3755

Preparer's Signature: Colleen Glynn

Date Prepared: 5/7/2025