

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

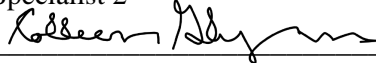
State Agency Name: OPWDD	Agency Business Unit: OPD01
State Agency Department ID: 3660233	Contract Number: PH68628
Contractor Name: System Edge USA LLC	Contract End Date: 02/10/2028
Contract Start Date: 08/11/2025	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Developer 15-1252.00 Hourly Bill Rate:	1.00	5,000.00	\$381,050
Hourly Bill Rate: \$76.21	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	5,000.00	\$ 0.00
Grand Total	1.00	5,000.00	\$381,050.00

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: 

Date Prepared: 8/8/2025