

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: NYS Office of Temporary & Disability Assistance
 State Agency Department ID: 3410000 Agency Business Unit: TDA01
 Contractor Name: Trigyn Technologies, Inc. Contract Number: PH68631
 Contract Start Date: 01/15/2026 Contract End Date: 7/14/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Software Architect Expert Hourly Bill Rate \$99.49	1.00	5,000.00	\$497,450.00
	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	5,000.00	\$497,450.00
Grand Total	1.00	5,000.00	\$497,450.00

Name of person who prepared this report: Tom Gordon
 Title: Sr. Vice President Phone #: 732-777-4608
 Preparer's Signature: _____
 Date Prepared: 12/30/2025