# Appendix G

**Agreement between the New York State Office of General Services and Mythics, Inc.**
**for Project Based Information Technology Consulting Services**

**Contract Number: PB138AA**

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**Lot(s) Awarded:**

| Lot Number | Date |
|---|---|
| 2 | September 23, 2016 |
| | |
| | |

| | |
|---|---|
| **LEGAL BUSINESS NAME:** | Mythics, Inc. |
| **FEDERAL ID:** | 541987871 |
| **NYS VENDOR ID:** | 1000048783 |
| **CONTRACT NUMBER:** | PB138AA |

Contract Citation:

4.7.1 Contractor Information

The Contractor will provide up to date information for each of the following in the form and manner specified by OGS:

1. A designated Account Manager for the OGS Centralized Contract. The Account Manager is responsible for the overall relationship with the State during the course of the Contract and shall act as the central point of contact.

2. A designated Billing Contact. The Billing Contact will become the single point of contact between the Contractor and the Authorized User for matters related to invoicing, billing and payment.

3. A designated Emergency Contact. The Emergency Contact will be available to OGS 24 hours a day, 365 days per year.

4. A designated Email Address for this Contract. This Email address will be published on the OGS website for this Contract for use by all Authorized Users when distributing Mini-Bid Participation Forms and Mini-Bid Templates. This can be the email of a designated Account Manager or a dedicated generic email account that multiple employees can access.

| **Contractor/Company Information** | |
|---|---|
| **Company Name:** | Mythics, Inc. |
| **Doing Business As:** | |
| **Address:** | 1439 N. Great Neck Road |
| | Virginia Beach, VA 23454 |
| **Website:** | www.mythics.com |
| **Federal ID #:** | 541987871 |
| **NYS Vendor ID #:** | 1000048783 |

| 1. Account Manager | |
|---|---|
| **Contact Name:** | Anita Trinka |
| **Title:** | Consulting Account Manager |
| **Address:** | 1439 N. Great Neck Road |
| | Virginia Beach, VA 23454 |
| **Telephone:** | 727-403-9233 |
| **E-Mail:** | atrnka@mythics.com |

| 2. Billing Contact | |
|---|---|
| **Contact Name:** | Terry Matthews |
| **Title:** | Assistant Controller |
| **Address:** | 1439 N. Great Neck Road |
| | Virginia Beach, VA 23454 |
| | |
| **Telephone:** | 757-452-4748 |
| **E-Mail:** | tmatthews@mythics.com |

| 3. Emergency Contact | |
|---|---|
| **Contact Name:** | Deonte J. Watters |
| **Title:** | Contracts Manager |
| **Address:** | 143-9 N. Great Neck Road |
| | Virginia Beach, VA 23454 |
| | |
| **Telephone:** | 757-412-4362 |
| **E-Mail:** | dwatters@mythics.com |

| 4. Designated Email Address for this Contract | |
|---|---|
| **E-mail:** | atrnka@mythics.com |

| OGS Contract Manager: | |
|---|---|
| **Name:** | Nancy Dougherty |
| **Title:** | Contract Management Specialist |
| **Phone:** | 518-408-3265 |
| **E-mail:** | PBITS.Contractors@ogs.ny.gov |

**Authorized Users**

Please address all inquiries to the Contract Manager listed above.

**Contractors**

Please submit all Appendix C Contract Modifications, Appendix G Contractor Information updates, proof of insurance and all other inquiries to the Contract Manager listed above.

| | |
|---|---|
| **LEGAL BUSINESS NAME:** | Mythics, Inc. |
| **FEDERAL ID:** | 541987871 |
| **NYS VENDOR ID:** | 1000048783 |
| **CONTRACT NUMBER:** | PB138AA |

| QUESTION | YES | NO |
|---|---|---|
| 1. Will the Contractor accept the New York State Procurement Card? | X | |
| 2. If “Yes”, enter any dollar limit on orders for which the Contractor will accept the NYS Procurement Card. | No limit | |