

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 Department of Health	Agency Business Unit: NYSoH
State Agency Department ID: DOH01	Contract Number: 04-12757
Contractor Name: MISICOM	Contract End Date: 01/3/2026
Contract Start Date: 07/04/2023	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-1082.00	1.00	5,000.00	\$453,550.00
	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	\$453,550.00
Grand Total	1.00	5,000.00	\$453,550.00

Name of person who prepared this report: Colleen M. Williams
 Title: Medicaid Program Manager Phone #: 518-457-5188
 Preparer's Signature: Colleen M. Williams
 Date Prepared: 06/06/2023