

AC 3271-S (Effective 4/12)

FORM A

<p>New York State Consultant Services Contractor's Planned Employment From Contract Start Date Through the End of the Contract Term</p>

State Agency Name: NYS Department of Health	
State Agency Department ID: DOH01	Agency Business Unit: NYSoH
Contractor Name: JSM Consulting, Inc	Contract Number: 05-13199
Contract Start Date: 1/10/2024	Contract End Date: 7/9/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
15-1252.00	1.00	4,700.00	\$479,212.00
	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	4,700.00	\$479,212.00
Grand Total	1.00	4,800.00	\$479,212.00

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: 1/3/2024