

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	
State Agency Department ID: DOH01	Agency Business Unit: NYSoH
Contractor Name: JSM Consulting, Inc	Contract Number: 05-13228
Contract Start Date: 2/9/2024	Contract End Date: 8/8/2026

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
13-1082.00	1.00	4,800.00	\$455,664.00
	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	4,800.00	\$455,664.00
Grand Total	1.00	4,800.00	\$455,664.00

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: 1/26/2024